

**Delegate Assembly**

**Book of  
Reports**

**Eleventh Annual Convention**

**August 1-5, 1989**

**Hyatt Regency Hotel  
Chicago, Illinois**

**Convention Planning Committee**  
Nan Twigg, NM, Area I, *Chairperson*  
Judy Jonckahl, BS, Area II  
Helen Kelley, MA, Area IV

**NATIONAL  
COUNCIL**

**National Council  
of State Boards of Nursing, Inc.**

---

**© Copyright 1989**  
National Council of State Boards of Nursing, Inc.  
625 N. Michigan Avenue/Suite 1544  
Chicago, Illinois 60611

**After September 1, 1989**  
676 N. St. Clair/Fifth Floor  
Chicago, Illinois 60611

---

# Table of Contents

	Page
1989 Convention Schedule . . . . .	1
Business Agenda of the 1989 Delegate Assembly . . . . .	7
Rules for Conduct of Delegate Assembly . . . . .	9
<hr/>	
<b>TAB 1 - COMMITTEE ON NOMINATIONS</b>	
Report of the Committee on Nominations . . . . .	1
<hr/>	
<b>TAB 2 - OFFICER REPORTS</b>	
Report of the President . . . . .	1
Report of the Vice President . . . . .	4
Report of the Secretary . . . . .	5
Report of the Treasurer . . . . .	6
Financial Statements and Independent Auditors' Report . . . . .	8
Report of the Area I Director . . . . .	17
Report of the Area II Director . . . . .	18
Report of the Area III Director . . . . .	19
Report of the Area IV Director . . . . .	20
Report of the Director at Large . . . . .	21
Report of the Board of Directors . . . . .	22
Summary of Recommendations to the 1989 Delegate Assembly . . . . .	28
National Council Operational Plan (FY90)* . . . . .	30
FY90 Budget by Program . . . . .	49
<hr/>	
<b>TAB 3 - CTB REPORTS</b>	
Annual Report of the Test Service 1989 . . . . .	1
Annual Report of the NCSBN Data Center . . . . .	11
<hr/>	
<b>TAB 4 - NACEP TEST SERVICE</b>	
Report from The Psychological Corporation for the Nurse Aide Competency Evaluation Program (NACEP) . . . . .	1
<hr/>	
<b>TAB 5 - NURSE INFORMATION SYSTEM COMMITTEE</b>	
Report of the Nurse Information System Committee . . . . .	1
Table 1 . . . . .	5
Table 2 . . . . .	5
Table 3 . . . . .	6
Table 4 . . . . .	6
<hr/>	
<b>TAB 6 - SPECIAL PROJECTS (CAT) COMMITTEE</b>	
Report of the Committee for Special Projects . . . . .	1
Attachment A . . . . .	5
Appendix A . . . . .	23
Appendix B . . . . .	24
Attachment B . . . . .	28
<hr/>	
<b>TAB 7 - JOB ANALYSIS MONITORING COMMITTEE</b>	
Report of the Job Analysis Monitoring Committee . . . . .	1

# Table of Contents (Continued)

Page

---

**TAB 8 - CST STEERING COMMITTEE**

Report of the Steering Committee Computerized Clinical  
Simulation Testing Project ..... 1  
Attachment A ..... 4  
Attachment B ..... 5  
National Board of Medical Examiners (NBME) Annual Report ..... 6

---

**TAB 9 - REPORT OF EXECUTIVE DIRECTOR**

Report of Executive Director ..... 1  
1988-89 National Council Staff ..... 12

---

**TAB 10 - FINANCE COMMITTEE**

Report of the Finance Committee ..... 1

---

**TAB 11 - BYLAWS COMMITTEE**

Report of the Bylaws Committee ..... 1  
Attachment A ..... 2

---

**TAB 12 - EXAMINATION COMMITTEE**

Report of Examination Committee ..... 1  
Examination Committee Goals and Objectives for 1989-90 ..... 4  
Attachment A ..... 6  
Attachment B ..... 13

---

**TAB 13 - ADMINISTRATION OF EXAMINATION COMMITTEE**

Report of Administration of Examination Committee ..... 1  
Includes draft copy of NCLEX Security Measures as Attachment A

---

**TAB 14 - NURSING PRACTICE AND EDUCATION COMMITTEE**

Report of Nursing Practice and Education Committee ..... 1  
Attachment A ..... 6  
Attachment B ..... 7  
Table I ..... 8  
Attachment C ..... 9  
Table II ..... 10  
Attachment D ..... 11  
Attachment E ..... 13

---

**TAB 15 - SUBCOMMITTEE ON REGULATORY MODELS**

Report of the Subcommittee to Study Regulatory Models  
for Chemically Dependent Nurses ..... 1

---

**TAB 16 - SUBCOMMITTEE ON NURSE SHORTAGE**

Subcommittee on the Nurse Shortage Report to the 1989  
Delegate Assembly ..... 1  
Addendum ..... 6

---



# Table of Contents (Continued)

	Page
<hr/>	
<b>TAB 17 - PN/VN COMPETENCIES SUBCOMMITTEE</b>	
Report of Subcommittee on PN/VN Competencies .....	1
Attachment A .....	7
<hr/>	
<b>TAB 18 - NACEP COMMITTEE</b>	
Report of Ad Hoc Nurse Aide Competency Evaluation Program (NACEP) Committee .....	1
<hr/>	
<b>TAB 19 - SUMMARY OF 1988 D.A. ACTIONS</b>	
1988 Delegate Assembly Action and Subsequent Implementation .....	1
<hr/>	
<b>TAB 20 - NEW BUSINESS</b>	
Resolution on Administration of Third Regularly Scheduled NCLEX-RN and NCLEX-PN Examinations Annually .....	1
Resolution on Regulation of Nurse Aides .....	3
Fiscal Impact Statement - Description .....	5
Fiscal Impact - Summary .....	6
Resolution on Preparation of Licensure Examinations .....	7
<hr/>	
<b>TAB 21 - GLOSSARY</b>	
Glossary .....	1
<hr/>	
<b>TAB 22 - ORIENTATION MANUAL</b>	
Orientation Manual .....	1
<hr/>	

# 1989 CONVENTION SCHEDULE

Monday, July 31, 1989

---

2:00 - 5:00p.m.

**Early Arrival Registration**

Regency Foyer and  
Registration Desk  
Ballroom Level West Tower

---

3:00 - 5:00p.m.

**NCNET User's Group**

New Orleans  
Ballroom Level West Tower

---

Tuesday, August 1, 1989

---

8:00a.m. - 1:30p.m.

**Registration**

Regency Foyer and  
Registration Desk  
Ballroom Level West Tower

---

9:00 - 10:00a.m.

**Orientation to NCSBN and the Delegate Assembly**

Acapulco  
Ballroom Level West Tower

Ardith Inman and National Council staff will review the National Council's history and purpose and the parliamentary procedures used during Delegate Assembly

---

10:00 - 10:30a.m.

**Break**

---

10:30a.m. - 12:00N

**Group Rap Session**

Toronto (ED)  
Acapulco (BM)  
Ballroom Level West Tower

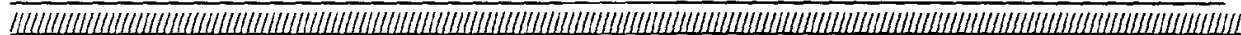
Executive Directors, Board Members, and Board Staff each have their own moderated session to attend

Water Tower (BS)  
Councourse Level West Tower

---

**Tuesday, August 1, 1989 (Continued)**

12:00N - 1:30p.m.	<b>Lunch Break</b>
1:30 - 2:30p.m.	<b>First Meeting, Delegate Assembly</b>
Regency D Ballroom Level West Tower	Business Agenda set by the Board of Directors
2:30 - 3:00p.m.	<b>Break</b>
3:00 - 5:00p.m.	<b>CAT/CST Joint Forum</b>
Regency D Ballroom Level West Tower	The Computerized Adaptive Testing and Computerized Clinical Simulation Testing Projects will be reviewed
5:00 - 7:00p.m.	<b>Dinner Break</b>
7:00 - 8:00p.m.	<b>Candidates Forum</b>
Regency D Ballroom Level West Tower	An opportunity to see and hear the candidates for election
8:00p.m.	<b>CTB/McGraw-Hill Reception</b>
Regency C Ballroom Level West Tower	An opportunity to meet the test service staff

**Wednesday, August 2, 1989**

8:00 - 9:00a.m.	<b>Registration</b>
Regency Foyer and Registration Desk Ballroom Level West Tower	

Wednesday, August 2, 1989 (Continued)

9:00 - 10:00a.m.	<b>Ad Hoc Committee Chairs Forum</b>
Regency D Ballroom Level West Tower	The chairpersons of the ad hoc committees report on their activities
10:00 - 10:30a.m.	<b>Break</b>
10:30a.m. - 12:00N	<b>Standing Committee Chairs Forum</b>
Regency D Ballroom Level West Tower	The chairpersons of the standing committees report on their activities
12:00N - 1:30p.m.	<b>Awards Luncheon</b>
Regency B Ballroom Level West Tower	The R. Louise McManus Award will be presented. Melody Chenover will speak
1:30 - 2:30p.m.	<b>Examination Committee Forum</b>
Regency D Ballroom Level West Tower	The activities of the examination committee are addressed in detail
2:30 - 3:00p.m.	<b>Break</b>
3:00 - 5:00p.m.	<b>Nursing Practice and Education Committee Forum</b>
Regency D Ballroom Level West Tower	Activities of the committee and subcommittees are presented
5:00 - 6:00p.m.	<b>Break</b>
6:00p.m.	<b>Dinner Theater Social Event</b>
Buses board on Upper Wacker Drive near the West Tower Entrance	Travel to the Candlelight Dinner Theater for a delightful meal and an excellent performance of "42nd Street"

---

**Thursday, August 3, 1989**

---

7:00 - 8:00a.m.

**Registration**

Regency Foyer and  
Registration Desk  
Ballroom Level West Tower

---

7:30 - 9:00a.m.

**The Psychological Corporation Breakfast**

Toronto  
Ballroom Level West Tower

The Psychological Corporation is sponsoring  
this event to allow attendees the opportunity to  
become familiar with the NACEP test service

---

8:00 - 9:00a.m.

**Election of Officers**

Acapulco  
Ballroom Level West Tower

---

9:00a.m. - 12:30p.m.

**Second Meeting, Delegate Assembly**

Regency D  
Ballroom Level West Tower

Business agenda set by the Board of Directors

---

12:30 - 2:30p.m.

**Area Meetings Luncheon**

Area I: Wrigley  
Concourse Level West Tower

Delegates and attendees from each National  
Council Area will meet during lunch

Area II: Toronto

Area III: Acapulco  
Ballroom Level West Tower

Area IV: Ogden  
3rd floor West Tower

---

Thursday, August 3, 1989 (Continued)

2:30 - 5:00 p.m.

**Special Interest Group Meetings**

Addams  
Wright  
3rd floor West Tower

Educational Consultants  
Licensed Practical Nurses

2:30p.m.

**Attendee Organized Activities**



Friday, August 4, 1989

7:00 - 8:00a.m.

**Registration**

Regency Foyer and  
Registration Desk  
Ballroom Level West Tower

8:00 - 9:30a.m.

**Research Forum**

Regency D  
Ballroom Level West Tower

Presentation of research sponsored by Member  
Boards

9:30 - 10:00a.m.

**Research Poster Session**

Regency Foyer  
Ballroom Level West Tower

Informal presentations by authors

Acapulco  
Ballroom Level West Tower

**CTB/McGraw-Hill Question and Answer Session**

Staff from CTB/McGraw-Hill will be available  
for an informational dialogue

10:00 - 11:00a.m.

**Resolutions Forum**

Regency D  
Ballroom Level West Tower

Review and discussion of new resolutions in  
Book of Reports

11:00a.m. - 12:30p.m.

**Lunch Break**

**Friday, August 4, 1989 (Continued)**


---

12:30 - 3:30p.m.	<b>Third Meeting, Delegate Assembly</b>
Regency D Ballroom Level West Tower	Business Agenda set by the Board of Directors (New Business will start the session)

---

3:30 - 4:00p.m.	<b>Break</b>
-----------------	--------------

---

4:00 - 6:00p.m.	<b>Educational Session</b>
Regency D Ballroom Level West Tower	A presentation and panel discussion on the Secretary's Commission on Nursing Report

---

7:00 - 9:00p.m.	<b>Reception</b>
Site to be announced	Hosted by Illinois State Board of Nursing

---

**Saturday, August 5, 1989**


---

7:30 - 8:30a.m.	<b>Registration</b>
Regency Foyer and Registration Desk Ballroom Level West Tower	

---

8:30 - 11:30a.m.	<b>Fourth Session, Delegate Assembly</b>
Regency D Ballroom Level West Tower	Business Agenda set by the Board of Directors

---

11:30a.m.	<b>Convention adjourns</b>
-----------	----------------------------

## **Business Agenda of the 1989 Delegate Assembly**

- I. Call to Order
- II. Report of Registration Committee
- III. Report of Rules Committee
- IV. Adoption of Agenda
- V. Announcement of Appointments  
Election Committee  
Registration Committee  
Timekeepers  
Pages
- VI. Appointment of Committee to Approve Minutes - 1989 Annual Delegate Assembly Convention
- VII. Report of Committee to Approve Minutes 1988 Annual Delegate Assembly Convention
- VIII. Nominations  
  
Committee on Nominations  
Nominations from Floor for Officers and Committee on Nominations
- IX. Report of Officers  
  
President  
Vice President  
Secretary  
Treasurer - with audit  
Area Directors  
Director at Large



- X. Report of Board of Directors
- Operational Plan and Budget FY 1990
  - Test Service - NCLEX
  - NCLEX Data Center
  - Test Service - NACEP
  - Nurse Information System Committee
  - Committee for Special Projects
  - Job Analysis Monitoring Committee
  - Steering Committee, Computerized Clinical Simulation Testing Project
- XI. Report of Executive Director
- XII. Reports of Standing Committees
- Finance Committee
  - Bylaws Committee
  - Examination Committee
  - Administration of Examination Committee
  - Nursing Practice and Education Committee
- A. Subcommittee to Study Regulatory Models for Chemically Dependent Nurses
  - B. Nursing Shortage Subcommittee
  - C. PN/VN Competencies Subcommittee
- XIII. Report of Nurse Aide Competency Evaluation Program Committee
- XIV. Election of Officers and Committee on Nominations (Thursday, August 3, 8:00 - 9:00a.m.)
- XV. Report of Election Committee
- XVI. Report of Resolutions Committee
- New Business (Friday, August 4, 12:30p.m.)
- XVII. Adjournment

# Rules for Conduct of Delegate Assembly

## General Procedures

1. All meetings will be called to order on time. Delegates are requested to be in their seats five minutes before the opening of each meeting.
2. Badges will be provided for delegates and alternates upon registering and must be worn at all meetings.
3. The order of business may be changed by a majority vote.
4. Smoking shall not be permitted in meeting rooms.

## Resolutions

1. All new business shall be introduced through resolutions that have been reviewed by the Resolutions Committee prior to presentation to the Delegate Assembly.
2. The deadline for presenting resolutions is 2:00 p.m. on the day before the business session where new business is scheduled.
3. Resolutions must be accompanied by a fiscal impact statement.
4. New business, of an emergency nature, may be introduced if permission is granted by a majority vote of the Delegate Assembly.

## Motions

1. All main motions and amendments shall be written, signed by the maker, and presented to the Chair immediately after proposal.
2. Motions use the terms "receive" and "adopt". Any motion using the word "accept" will be interpreted to mean "receive" when used by the National Council in the Delegate Assembly.
3. Motions originating from the Board of Directors or committee reports shall be considered appropriately presented to the Assembly.
4. On a counted vote, the white voting card receives one vote, the pink voting card receives two votes.

**Debate**

1. To be entitled to the floor, a delegate, alternate, or other person in attendance must go to the microphone, address the Chair, and give name and jurisdiction.
2. A delegate shall speak no more than three minutes to a motion without consent of the Delegate Assembly, granted by a majority vote.
3. A nondelegate may speak once to an issue for three minutes after all interested delegates have spoken. Such nondelegate may speak again, only at the Chair's invitation.
4. A delegate may speak more than once to the same question only after all who wish to speak have done so.
5. Members of the Board of Directors retain the same rights to speak on issues as the delegates.
6. A red card raised at the microphone interrupts business for the purpose of a point of order, a question of privilege, orders of the day, a parliamentary inquiry or an appeal.
7. A timekeeper will signal when allotted time has expired.

**Nominations and Elections**

1. The person, making a nomination from the floor, shall be permitted two minutes to give the qualifications of the nominee and to indicate that written consent of the nominee and a written statement of qualifications have been forwarded to the Committee on Nominations. Seconding speeches shall not be allowed.
2. The adopted electioneering rules shall remain in effect until amended or rescinded.
3. Election for officers and members of the Committee on Nominations shall be held Thursday, August 3, at 8:00 a.m.
4. Electioneering for candidates is prohibited in the vicinity of the polling place.
5. If no candidate receives the required vote for an office and revoting is required, the president shall announce the time for revoting immediately after the original vote is announced.

# Report of the Committee on Nominations

## Activities

The Committee on Nominations met two times: during the October Orientation/Planning Session; and on February 24, 1989, in Chicago.

The Call for Nominations was disseminated to Member Boards in the December 9, 1988, *Newsletter*. The Committee subsequently received 13 candidates from 12 jurisdictions. Nominations for two additional candidates were obtained by Committee members on February 24.

Owing to an insufficient number of nominations for Area III Director and Committee on Nominations, Representative from Area II, it was necessary to issue a second Call for Nominations for those positions.

## Slate of Candidates

The following ballot was developed and adopted by the Committee on Nominations. The information about each candidate is as follows:

1. Name, Jurisdiction, Area
2. Present Board Position
3. Present Employment
4. Previous National Council Offices or Committees
5. Educational Preparation
6. Personal Statement of Interest

Please note that information pertaining to certain candidates was not available at press time and is included as an addendum.

## Treasurer

1. **Donna M. Dorsey, Maryland, Area IV**
2. Executive Director
3. Maryland Board of Examiners in Nursing
4. Treasurer, 1986-1989  
Bylaws Committee, 1984-1986

5. University of Maryland, MSN, 1975  
East Carolina University, BSN, 1967
6. The challenges facing the Council will require innovative and creative leadership supported by strong long range planning.  
These challenges require:
  - A strong financial base
  - Balancing programs and activities with the resources of the Council
  - Revenue sources that will meet Council goals without placing an undue burden on the Member Boards
  - Leadership in fiscal planning
  - Monitoring to assure fiscal stability
  - Clear, concise communication of complete fiscal information

I believe my three years as Treasurer of the Council provide the experience and continuity needed as the Council moves into the 1990s. I am eager to serve in a second term as your Treasurer.

1. Catherine M. Puri, California-RN, Area I
2. Executive Officer
3. California Board of Registered Nursing
4. Finance Committee, 1986 to present  
Committee on Pretest, 1985
5. University of Oregon, PhD, 1983  
University of California, MSN, 1969  
California State University, BSN, 1964
6. I have had progressive fiscal responsibility in my career since 1971 and now have oversight for a budget of 6.5 million. My experience includes working with zero base, line item and program budgets. I thoroughly understand how to manage a budget beginning with revenue projections to the establishment of a prudent reserve.

The budget of an organization is an integral part of its long range and short term planning since there are few goals that can come to fruition without sound fiscal planning. I would particularly enjoy the challenge of crafting a budget that would further the goals of the organization, plan for solvency, and be acceptable to the Board of Directors and Council Members.

The Council had a very prudent reserve two years ago that has now been greatly reduced even though there has been a significant fee increase within the last 3 years. It would appear that existing goals need to be reprioritized and at least, a five year fiscal plan developed. The

National Council, as a federation of state boards of nursing, must take into account the fiscal constraints of the Member Boards in this fiscal plan.

It would be an honor and a pleasure to serve as Treasurer for an organization with as much potential as the NCSBN.

#### Secretary

1. Helen L. Kelley, Massachusetts, Area IV
2. Board Member, Massachusetts Board of Registration in Nursing
3. LPN Staff Nurse, New England Sinai Hospital and Rehabilitation Center, 1985 to present
4. Secretary, 1988-1989
5. Massachusetts Department of Mental Health School of Practical Nursing, Diploma, 1974
6. I am honored to be nominated for the term of 1989-1991, for the Office of Secretary of the National Council of State Boards of Nursing. My opportunities to work collaboratively with committees on current issues have been extremely constructive. I look forward to continuing with maintaining an open on-going communication of these and other concerns of all the Member Boards.

This past year has presented many challenges to the National Council. I feel that I have made an active contribution to the decision making process of this organization in maintaining its mission and goals. I would welcome the opportunity to continue serving the National Council and its Member Boards as a member of your Board of Directors.

1. Laura A. Terrill, Delaware, Area IV
2. President, Delaware Board of Nursing
3. Director of Nursing Education, Medical Center of Delaware, 1977 to present
4. None
5. Temple University, doctoral candidate University of Pennsylvania, MSN, 1974  
Elizabethtown College, BS, 1968  
Chestnut Hill School of Nursing, Diploma, 1965
6. Three years ago, when I was appointed to the Board of Nursing, a new world opened up for me, the world of regulatory nursing. I am now in my second term as President. I have learned a great deal and I have been, and continue to be, fascinated by the regulatory issues confronting us and by the National Council.

I believe I would bring to the Council an enthusiasm for its work as well as years of leadership experience in both professional and voluntary organizations. I would also bring a volunteer's perspective to the issues and thus facilitate the Council's goals and objectives.

Of the many issues facing the Council, I believe the most important are these that threaten nursing's very existence (ie: the pressures to decrease standards in the face of the nursing shortage; the challenge to the validity of exam; and the rapidly evolving new nursing roles).

#### Area I Director

1. **Gail McGuill, Alaska, Area I**
2. Executive Secretary
3. Alaska Board of Nursing
4. Administration of Examination Committee, 1983 to present;  
Chairperson, 1987 to present.  
Committee on Nominations, 1984-1986  
Consultation visit to American Samoa Regulatory Board
5. University of Alaska, BSN, 1974  
Seattle University, graduate student
6. It is an honor to be considered for the Area I Director for the National Council of State Boards of Nursing.

My work with the Nominating Committee and with the Administration of the Examination Committee, including the NCLEX-RN 288 security break, have given me valuable experience with and exposure to the management of the Council. I am now ready to assume the responsibilities of being a member of the Board of Directors and to help lead our organization during the next two years.

As an Area Director, I would be available to the Area Boards, keep them informed on issues of interest and be responsive to the Member Board needs. I believe the Council should continue to focus on the matters related to providing psychometrically valid, legally defensible and secure licensing examinations and on issues pertaining to regulation of nursing practice. I see the Council as an organization which has gained respect in the professional nursing and testing communities as it has matured. I will continue to work toward the continuation of that respect and to those goals and operational plans set by our organization.

1. **Elizabeth Pade, Colorado, Area I**
2. Board Member, Colorado Board of Nursing, Vice-Chairperson 1988-1989
3. Coordinator, Emily Griffith Opportunity School, 1980 to present

4. Delegate to 1988 Delegate Assembly
5. University of Northern Colorado, EdD, 1987  
University of Northern Colorado, MA, 1978  
Vocational Education, Colorado State University, 1977  
Creighton University, BSN, 1962  
St. Joseph's Mercy School of Nursing, Diploma, 1960
6. I have 25 years experience in diverse educational and political arenas, a breadth of clinical practice experience and advanced educational study to represent my district in current critical nursing issues.

My expertise would assist the National Council to hold a course with a focus on the objectives of licensure examination, nursing practice and continuing competency with receptiveness and support to Member Boards.

Major priorities are:

- Licensure based on a continuum of practice beginning with nursing assistant certification to protect the legitimate practice of nursing and the public.
- Regulation of nursing licenses reflecting practice existing in all health care settings.

#### Area III Director

1. Carolyn Hutcherson, Georgia-RN, Area III
2. Executive Director
3. Georgia Board of Nursing
4. Area III Director, 1987-1989  
Communications Committee (Board of Directors), 1987-1989  
Committee for Special Projects, 1986-1987
5. University of Southern Mississippi, MS, 1978  
Mississippi College, BSN, 1977  
Gilfooy School of Nursing, Diploma, 1965
6. During the past two years as Area III Director, I have gained tremendous insight into the practical relationship between Member Boards and the operation of the Council. This experience, coupled with the daily responsibility for management of a Member Board, will continue to provide a balanced perspective in decision-making. Preparation of valid, reliable and legally defensible examinations which measure entry level performance must remain a priority of the Council. I believe that the Council must also be responsive to issues, legislation and economic concerns which affect the entire regulatory community. My highest commitment remains to represent the individual Member Boards in Area III as policies and direction are formulated. I would be honored to continue to serve in this capacity.



1. **Second Candidate not slated at time of publication.**

**Committee on Nominations:**

**Area I**

1. **Toma Nisbet, Wyoming, Area I**
  2. Executive Director
  3. Wyoming State Board of Nursing (see addendum).
1. **Constance Roth, Washington, Area I**
  2. Executive Secretary
  3. Washington State Board of Nursing (see addendum).

**Area II Candidates not slated at time of publication (see addendum).**

**Area III**

1. **Susan Grubbs, South Carolina, Area III**
2. Vice President, South Carolina State Board of Nursing
3. Instructor, Florence Darlington Technical College, 1974 to present
4. None
5. Francis Marion College, MEd, 1977  
University of South Carolina, BSN, 1966  
Orangeburg Regional Hospital, Diploma, 1958
6. I am interested in serving as a member of the Committee on Nominations for the National Council of State Boards of Nursing. Four years experience as a member of the South Carolina Board of Nursing has provided me the opportunity to review the goals and objectives of the Council. My experience as a nursing instructor and staff nurse has taught me the importance of collaboration among health care professionals.

Throughout my professional experience, I have been involved in creative problem solving and will assist the committee to select the most qualified individuals to serve the National Council as it continues to meet the regulatory needs in nursing and health care.

1. **Linda Parrish, Alabama, Area III**
2. Vice President, Alabama Board of Nursing
3. Chairperson, Wallace State Community College School of Practical Nursing, 1981 to present
4. None
5. Troy State University, MSN, 1986  
Troy State University, BSN, 1983  
Medical Center School of Nursing, Diploma, 1966
6. During my professional experience, I have served on several nominating committees of both college and professional organizations. This experience, and experience as a department chairman, has prepared me to evaluate the qualifications of applicants in an objective and fair manner.

In order to achieve the Council's goals and objectives, the Nominating Committee needs to nominate persons who would be well qualified and dedicated to perform to the best of their ability.

The top issues that I believe to be a priority of the Council are: computer testing for licensure and maintaining quality examinations that measure current minimal competencies.

#### Area IV

1. **Caroline Ace, Pennsylvania, Area IV**
2. Board Member, Pennsylvania State Board of Nurse Examiners
3. Staff Nurse, Carpenter Care Center, 1980 to present
4. Nurse Aide Competency Evaluation Program, 1988 to present  
Examination Committee Alternate, 1988
5. Scranton School District Practical Nurse Program, Diploma, 1968
6. As a member of the National Council of State Boards of Nursing Delegate Assemblies in 1987 and 1988; attendance at Area IV meetings; and nine years as a member of the Pennsylvania State Board of Nursing, I obtained the necessary background to function as a member of the National Council nominating committee. The qualities of fairness, creativity and dedication to a job well done are vital in helping to choose candidates who possess the necessary credentials and abilities to serve the organization.

The organizational skills which I have developed through active participation in both professional and civic groups should be an asset in any goal-oriented organization.

1. **Mary Snodgrass, Massachusetts, Area IV**
2. Executive Secretary
3. Massachusetts Board of Registration in Nursing
4. Committee on Nominations, 1987-1989  
Examination Committee Alternate, 1986-1987
5. Boston University, MSN, 1968  
Indiana University, BSN, 1966  
Methodist Hospital School of Nursing, Diploma, 1957
6. Selection of candidates to serve the National Council in leadership positions is an exciting experience. The organization has many talented nursing professionals who are committed to the Council's goals, eager to serve Member Boards and guide the organization to continuing achievement.

I believe the leaders of the National Council must maintain lines of communication; have attitudes which are creative and futuristic; have the ability and the willingness to communicate effectively with members; be supportive of Member Boards in usual activities and in times of crisis; demonstrate patience in exploring new ideas; and encourage sharing of priority issues of one Board with other members.

I would be honored to serve as a member of the Committee on Nominations in 1989-90.

The top priority of the National Council of State Boards of Nursing should be the development of computer testing services along with creative ways to finance the activities necessary to maintain and improve services.

<b>Committee Members and Staff</b>	<b><u>Area</u></b>
Patricia Calico, <i>Chairperson</i>	III
Pat Broten	II
Phyllis Sheridan	I
Mary Snodgrass	IV

Kathy Kostbade Hughes, *Director of Administration*

## Report of the President

It is my privilege to welcome all members and guests to the upcoming Eleventh Annual Convention of the NCSBN. Last year, we reached a milestone in organizational development as we celebrated our tenth anniversary. The convention not only offered us a time to reflect on our rich heritage, but also to anticipate our future with enthusiasm and challenge. The written history of the organization showcased the pioneer efforts of our members as they embarked on uncharted waters to develop a strong and viable national organization. The history was appropriately titled, "The Promise Continues."

As you read through the following pages of the *Book of Reports*, you will be impressed, as was I, with the tremendous productivity of the organization this year. A well developed strategic plan guides the work of the organization and keeps the Board, staff, and committees goal-directed, even in the face of obstacles. Probably the most significant stressor for the organization this year came when Dr. Eileen Dvorak announced her resignation as Executive Director effective January 9, 1989. The Board quickly appointed Dr. Jennifer Bosma Acting Executive Director and assisted staff with mobilizing resources to carry on the work of the organization. The fact that staff were able to competently carry on with the activities of the Council with little disruption is a credit to Dr. Dvorak and her strong leadership ability as well as to the commitment and expertise of the staff. The Board appointed a search committee, reviewed and updated the Executive Director job description, developed ideal candidate qualifications, and projected a timeline for filling the vacancy. The goal is to make a selection by fall 1989.

In summarizing the major activities and accomplishments of the Council this past year, the area consuming major resources of the organization continues to be testing. Following the NCLEX-RN 788 standard-setting and examination administration, there was national concern expressed over the increased failure rate in light of the nursing shortage. The Board directed that a study be done on the standard-setting process and a report be presented with recommendations. The Board further considered a request from a Member Board to increase the frequency of NCLEX administrations and directed appropriate committees and the test service to explore the feasibility of increasing NCLEX administrations and report to the Board. During area meetings, the Board received additional input from members. Since additional NCLEX administrations would necessitate a major contract change with Member Boards as well as have a significant fiscal impact, the matter must be voted on by the Delegates.

The Board began drafting a request for proposals (RFPs) for Test Service and Data Center contracts as directed by the 1988 Delegate Assembly. This proposal will be finalized and available for distribution by fall 1989. During the April meeting of the Board of Directors, CTB/McGraw-Hill presented the Board with an unsolicited proposal for a two-year contract extension. In reviewing the terms of the proposal, the Board determined that, due to the significant fiscal impact and also Member Board contract issues, the proposal be referred to the Delegate Assembly for vote. Immediate plans are underway to conduct a Test Service and Data Center evaluation to provide members with information on which to base a decision during the meeting of the Delegate Assembly.

The Council has continued to make progress on the Computerized Adaptive Testing Project as the committee prepares to conduct field tests in 1990 and 1991. The Computerized Clinical Simulation Testing Project is also progressing. The Board has been negotiating a license agreement with the National Board of Medical Examiners to ensure future access to object code and source code information, if the technology is used for testing by the Council.

Research related to the licensure examinations continues to provide the most legally defensible and psychometrically sound measure of entry level competency. The Board directed a dimensionality study be conducted this year to assist in decision-making related to the Computerized Adaptive Testing Project. In addition, the ongoing research on ethnicity/gender bias and person-fit analysis have been monitored by the Board. A qualitative component for inclusion in a job analysis instrument has been developed and is being pilot tested as the Council embarks on an in-house job analysis monitoring process. Security of the examination continues to be a major focus as security measures are updated for the written examinations and developed for the computerized examinations.

The Council has capitalized on its expertise and experience in test development in a unique opportunity through its development of the Nurse Aide Competency Evaluation Program (NACEP). The 1988 Delegate Assembly approved the development of a Nurse Aide Competency Evaluation Program and charged the Board of Directors to implement the project along with the Nurse Aide Competency Evaluation Program Committee. The Psychological Corporation was selected as the test service and the committee worked diligently with the test service to produce a "superior solution" to the federally mandated Nursing Home Reform Act (OBRA 1987). The Psychological Corporation reports that the marketing department has been pleased with the national response to the NACEP project.

The Nursing Practice and Education Committee issues have grown to the point that this year the subcommittee structure was developed to complete the work of the committee. The Board provided feedback to the subcommittees studying the nurse shortage, regulatory models for managing the chemically dependent nurse, and synthesizing PN/VN competencies. Model guidelines for endorsement and foreign nurse licensure have been produced by the Nursing Practice and Education Committee for review and approval by the Delegate Assembly. The committee was also charged with the review of the job analysis findings for implications for nursing practice.

The work of the Finance Committee must be recognized as the "fine tuning" of program-based budget continues. Careful analysis of resources provides the Board with critical information in decision-making. Each recommendation with a fiscal impact has been reviewed by the committee prior to Board action. The organization has maintained its sound financial status this fiscal year.

Communication, both intraorganizational and interorganizational, has received major attention by the Board of Directors. The Orientation and Long-Range Planning Retreat offers the Board and committees of the Council an opportunity to review our objectives, plan for implementation, and determine optimum communication plans. The Board assigned a member to serve as a liaison to each standing and ad hoc committee. Committee chairs were invited to meet with the Board, at each of its meetings, by telephone conference during the presentation of their report so that firsthand information could be exchanged. Written reports of Board action were provided to each committee chairperson following each Board meeting. Member Board communication was evaluated and efforts to share information in the most timely manner continued. Summaries of major action

were reported in the next available *Newsletter* following each Board meeting. The *Book of Reports* format was evaluated and a new notebook format adopted to allow easy insertion of reports and to extend deadlines for committee reports. Field visits to Member Boards were continued by staff and committee representatives. Information about nurses is a critical element not only for the Council, but also for the nation. Major nursing organizations support the concept of the Nurse Information System Committee to develop a model for gathering unduplicated data on the supply of nurses.

Interorganizational relationships have been nurtured through the participation of the Council on the National Commission on Nursing Implementation Project (NCNIP). The Board of Directors was invited to participate in the Wingspread Conference that brought together the boards of the major nursing organizations to review the goals of NCNIP and determine future implementation of those goals. The Council has continued liaison relationships with American Nurses' Association (ANA), National League for Nursing (NLN), National Association for Practical Nurse Education and Service (NAPNES), National Federation of Licensed Practical Nurses (NFLPN), and Commission on Graduates of Foreign Nursing Schools (CGFNS) and has met with representatives of the American Organization of Nurse Executives (AONE). The participation of the Council on the International Council of Nursing Project has continued this year and will result in a joint paper with ANA on the Regulation of Specialty Nursing Practice. In addition, members of the Board have participated in national meetings of the National Student Nurses Association, American Association of Colleges of Nursing, American Association of Critical Care Nurses, NAPNES, NFLPN, AONE, NLN, ANA, American Medical Association Advisory Committee, and the Nursing Shortage Summit meeting.

The danger of beginning to formulate a list of activities and accomplishments becomes evident as one realizes that every contribution cannot be adequately recognized in a brief report. Numerous individuals have contributed to the goal achievement of the organization this year: Member Boards, committees, staff, legal counsel, contractors, as well as Board Members. I express my deepest appreciation for their unfailing support and their numerous accomplishments. I look forward to the Eleventh Annual Delegate Assembly as we have an opportunity to renew friendships and be challenged with setting new direction as "the promise continues".

Renatta S. Loquist, President  
Area III, South Carolina

## Report of the Vice President

As Vice President of the National Council State Boards of Nursing during the past year, I have participated in the following activities:

- Attended four Board of Directors Meetings and participated in all Board of Directors Telephone Conference Calls.
- Attended and participated in, the National Council of State Boards of Nursing Orientation Session in October 1988 and the First Invitational Regulatory Conference in January 1989.
- Attended the Tri Council Invitational Meeting on the Nursing Shortage and the NCNIP Wingspread Conference in October 1988.
- Represented the Council at several meetings at the request of the President.

It has been a busy year, not only for the Board of Directors, but for the staff and members of the Council as well. As I have reviewed the reports of all the Committees and Subcommittees which have been submitted to the Board of Directors throughout the year, I have been impressed with the time and commitment of individual members to the Council and the accomplishments and activities of all the various committees. The Council is a complex organization, but it is only the sum of its parts. These parts are, first and foremost, its people whose hard work, dedication and professionalism are what make this organization so successful.

I would like to thank each of you for all you've done, and express my appreciation for the opportunity to serve as Vice President of this Council during this past year.

Joan Bouchard, Oregon  
Vice President

## Report of the Secretary

This past year, as Secretary of the National Council of State Boards of Nursing, I have participated in all Board of Director's meetings, as well as the Board and Committee Orientation and Planning Retreat. I also participated in eight Board of Director's conference calls. As part of my responsibilities, I reviewed all minutes of Board of Director's meetings and the Summary of Major Board Actions before their public distribution and publication in the National Council of State Boards of Nursing Newsletter.

I have served as a member of the Convention Planning Committee and attended all of its meetings and conference calls. I have been the liaison of the Board to the PN/VN Future Competency Committee and was asked to participate in PN Exam Review Retreat.

I would like to express my appreciation to the Delegates for having allowed me this opportunity to represent you on the Board of Directors. The support I have received from Board Members and Council staff has made this a rewarding experience. It has been an honor and privilege to have served the National Council of State Boards of Nursing.

Helen L. Kelley, Massachusetts  
Secretary



## Report of the Treasurer

### Recommendation

The auditor's report for fiscal year 1988 be approved as presented.

### Activities

Program budgeting continues to be an effective means for evaluating the Council's fiscal needs and activities. It allows for close monitoring of the expenditures within each program and provides a means to evaluate the fiscal impact of each program. Currently in progress is a cost analysis of each program. For example, the revenues for the *State Nursing Legislation Quarterly* have been less than expected. The issue has been referred to the Board of Directors for further evaluation. The completed analysis will be presented to the Board of Directors for further action.

The financial position of the Council remains strong. Again this past year, revenue has been higher than projected. As in the past, NCLEX revenue and investment income was higher than budgeted. Income from publications was less than projected due to incorrect estimates of revenue by the publishers. Prior to finalizing the FY90 budget, the Finance Committee reduced the publisher's estimates of income hoping that next year's revenue projections would be more realistic. Additional expenditures for the Executive Director Search Committee and legal expenses were handled within the budget. The designated funds for CAT, CST, and the Nurse Aide Competency programs did not exceed the budgeted allowances.

Quarterly financial reports and the investment statements were presented to the Finance Committee and Board of Directors. Following approval by the Board of Directors, the reports, along with graphs, were sent to all Member Boards. Graphic descriptions of the financial reports were developed to enhance understanding of the Council's financial position. Further refinement of the graphs and expanded use of illustrations in communicating financial information is planned. No comments or questions were received from Member Boards regarding the financial report.

The FY90 budget was prepared by the Finance Committee. Justifications for each request were reviewed prior to making any decisions about budget allowances. A capital acquisitions budget was also prepared. This was the second year for the implementation of a separate capital acquisitions budget. This budget includes both new and replacement equipment. Since capital acquisitions are amortized in the operating budget, the capital acquisitions budget allows for specific cost evaluation of new and replacement equipment requests.

The five year financial forecasts are regularly reviewed and have proved to be extremely useful. The method for forecasting has been refined. The forecasts have been used by the Finance Committee and the Board of Directors when making financial decisions. In addition, I have presented the fiscal impact of all proposed projects, programs and issues brought before the Board.

A new banking relationship was established this past year. A search was conducted to find the banking establishment that could best meet Council needs. The new banking relationship has provided the Council with the needed services.

One activity that consumed a great deal of time was the decision to find new office space. The Finance Committee and Treasurer were involved in all aspects of the decision and evaluated the fiscal impact of all options. This activity helped to assure that decisions regarding the move were fiscally sound.

As Treasurer, I have assured compliance with all financial policies. In addition, all policies have been reviewed and updated as required.

During the past year, I have attended all meetings of the Board of Directors and the Coordinating Committee. I have also chaired all meetings of the Finance Committee. In addition, I attended the Wingspread Conference in Racine, Wisconsin, and represented the Council at the fall meeting of the American Association of Colleges of Nursing. I was a member of the team negotiating the contract with The Psychological Corporation as the test service for the Nurse Aide Competency Evaluation. I also served as a member of the team to negotiate a draft contract with CTB/McGraw-Hill in response to their proposal for a contract extension. This document will be presented to the Delegate Assembly for decision. As a member of the Coordinating Committee, I reviewed and provided input on the lease proposal and the contract with the National Board of Medical Examiners in relation to their work with the CST Project.

My work with the Council has been challenging and exciting. The accomplishments over the past year would not have been possible without the cooperation of the staff and Council committees. I especially want to express my appreciation to Kathy Hayden, Financial Manager, who provided staff support to the Finance Committee and provided me with whatever information I needed. I also want to thank the Finance Committee for all their support as well as their hard work and long hours given to the Committee throughout the year.

Donna Dorsey  
Treasurer

# **Financial Statements and Independent Auditors' Report**

**National Council of State Boards of Nursing, Inc.**

**June 30, 1988 and 1987**

## **Auditors' Report**

**Board of Directors National Council of State Boards of Nursing, Inc.**

We have audited the accompanying balance sheets of the National Council of State Boards of Nursing, Inc. as of June 30, 1988 and 1987 and the related statements of revenue and expenses, changes in fund balance and cash flows for the years then ended. These financial statements are the responsibility of the management of the National Council. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to in the first paragraph above present fairly, in all material respects, the financial position of the National Council of State Boards of Nursing, Inc. as of June 30, 1988 and 1987, and the results of its operations and its cash flows for the years then ended in conformity with generally accepted accounting principles.

Grant Thornton Accountants and Management Consultants  
Chicago, Illinois  
September 14, 1988

**Balance Sheets**  
**June 30,**

Assets	<u>1988</u>	<u>1987</u>
Cash and cash equivalents		
Bank checking accounts . . . . .	\$ 35,826	\$ (56,717)
First Chicago Money Market . . . . .	859,016	113,595
Continental Money Market . . . . .	108,226	102,313
Wells Fargo Money Market . . . . .	<u>2,796</u>	<u>2,666</u>
	1,005,864	161,857
Accounts Receivable		
Royalties . . . . .	50,566	39,826
Interest and other . . . . .	<u>52,483</u>	<u>34,697</u>
	103,049	74,523
Publication inventories (note A) . . . . .	31,875	39,236
Prepaid disaster plan costs (note A) . . . . .	76,835	153,670
Other assets and prepaid expenses . . . . .	54,889	39,685
Investments - at cost (market value \$3,928,661 in 1988 and \$3,829,000 in 1987)		
U.S. government instruments . . . . .	3,889,158	3,805,055
Property and equipment - at cost (note A)		
Furniture, fixtures and leasehold improvements . . . . .	149,069	129,947
Equipment and computer software . . . . .	<u>320,903</u>	<u>274,343</u>
	469,972	404,290
Less accumulated depreciation . . . . .	<u>230,872</u>	<u>137,729</u>
	<u>239,100</u>	<u>266,561</u>
	<u>\$5,400,770</u>	<u>\$4,540,587</u>

---

The accompanying notes are an integral part of these statements.

**Balance Sheets - Continued**  
**June 30,**

<b>Liabilities and Fund Balance</b>	<u>1988</u>	<u>1987</u>
Accounts payable . . . . .	\$ 789,017	\$ 378,548
Accrued expenses and withheld taxes . . . . .	92,470	57,239
Deferred revenue		
Examination fees collected in advance (net of prepaid processing fees of \$176,927 in 1988 and \$176,237 in 1987) . . . . .	1,606,865	1,472,514
Contract and convention fees . . . . .	<u>82,468</u>	<u>100,010</u>
	1,689,333	1,572,524
Commitments (note C) . . . . .	-	-
Fund balance		
Restricted (note D) . . . . .	585,934	-
Unrestricted		
Undesignated . . . . .	2,227,768	2,418,558
Designated (note C) . . . . .	<u>16,248</u>	<u>113,718</u>
	<u>2,244,016</u>	<u>2,532,276</u>
Total fund balance . . . . .	<u>2,829,950</u>	<u>2,532,276</u>
	<u>\$5,400,770</u>	<u>\$4,540,587</u>

---

The accompanying notes are an integral part of these statements.

**Statements of Revenue and Expenses  
Year Ended June 30,**

	1988			1987
	Unrestricted	Restricted	Total	Total
<b>Revenue</b>				
Examination fees . . . . .	\$3,803,489	\$ -	\$3,803,489	\$3,978,384
Less: cost of development, application and processing . . . . .	<u>2,665,564</u>	<u>-</u>	<u>2,665,564</u>	<u>2,725,593</u>
Net examination fees . . . . .	1,137,925	-	1,137,925	1,252,791
Member board contracts . . . . .	183,000	-	183,000	181,000
Publications . . . . .	101,709	-	101,709	75,176
Delegate assembly . . . . .	48,503	-	48,503	51,093
Honoraria and other . . . . .	6,148	-	6,148	2,782
Investment income . . . . .	237,044	-	237,044	195,423
Computer simulation testing grant . . . . .	<u>-</u>	<u>628,680</u>	<u>628,680</u>	<u>-</u>
	1,714,329	628,680	2,343,009	1,758,265
<b>Program and organizational Expenses</b>				
Publications . . . . .	67,991	-	67,991	48,948
Delegate assembly and convention planning . . . . .	50,839	-	50,839	77,444
Computer research				
ACT nursing study . . . . .	151,212	-	151,212	94,228
Computerized adaptive testing (CAT) . . . . .	380,703	-	380,703	63,183
Computerized simulation testing (CST) . . . . .	-	42,746	42,746	4,126
Board meetings and travel . . . . .	55,135	-	55,135	49,914
Public relations and communications . . . . .	39,803	-	39,803	23,909
Other committee expenses . . . . .	<u>92,739</u>	<u>-</u>	<u>92,739</u>	<u>83,367</u>
	838,422	42,746	881,168	445,119
<b>Administrative expenses</b>				
Staff salaries and benefits . . . . .	757,387	-	757,387	602,543
Professional fees . . . . .	27,331	-	27,331	48,177
Office supplies and expenses . . . . .	69,801	-	69,801	58,202
Insurance . . . . .	35,831	-	35,831	35,783
Rent and utilities . . . . .	151,241	-	151,241	121,334
Equipment maintenance and rental . . . . .	20,479	-	20,479	22,878
Depreciation and amortization . . . . .	92,899	-	92,899	82,608
Miscellaneous . . . . .	<u>9,198</u>	<u>-</u>	<u>9,198</u>	<u>5,825</u>
	<u>1,164,167</u>	<u>-</u>	<u>1,164,167</u>	<u>977,350</u>
<b>Excess of revenue (expense) . .</b>	<b><u>\$ (288,260)</u></b>	<b><u>\$585,934</u></b>	<b><u>\$ 297,674</u></b>	<b><u>\$ 335,796</u></b>

The accompanying notes are an integral part of these statements.

**Statement of Changes in Fund Balance  
Years ended June 30,**

	<u>Unrestricted</u>		<u>Restricted</u>	<u>Total</u>
	<u>Undesignated</u>	Designated for computerized adaptive testing (note C)	Computerized simulation testing (note D)	
Fund balance at July 1, 1986 . . . . .	\$2,196,480	\$ -	\$ -	\$2,196,480
Transfer to Board designated fund for computerized adaptive testing . . . . .	(176,900)	176,900	-	-
Excess of revenue over (expenses) . . . . .	<u>398,978</u>	<u>(63,182)</u>	<u>-</u>	<u>335,796</u>
Fund balance at June 30, 1987 . . . . .	2,418,558	113,718	-	2,532,276
Transfer to Board designated fund for computer adaptive testing . . . . .	(283,233)	283,233	-	-
Excess of revenue over (expense) . . . . .	<u>92,443</u>	<u>(380,703)</u>	<u>585,934</u>	<u>297,674</u>
Fund balance at June 30, 1988 . . . . .	<u>\$2,227,768</u>	<u>\$ 16,248</u>	<u>\$585,934</u>	<u>\$2,829,950</u>

The accompanying notes are an integral part of these statements.

**Statements of Cash Flows**  
**Year Ending June 30,**

	<u>1988</u>	<u>1987</u>
Increase in cash and cash equivalents:		
Cash flows from operating activities:		
Cash received from testing		
fees and other sources . . . . .	\$ 4,308,698	\$ 3,680,970
Cash paid to suppliers and employees . . .	(4,180,630)	(3,560,250)
Cash received for restricted fund grant . . .	628,680	--
Interest received . . . . .	<u>235,197</u>	<u>202,801</u>
Net cash provided by		
operating activities . . . . .	991,945	323,521
Cash flows from investing activities:		
Capital expenditures . . . . .	(65,682)	(180,694)
Proceeds from sale of fixed assets . . . . .	--	1,350
Proceeds from maturity of investments . . .	8,498,806	6,267,268
Purchase of investments . . . . .	<u>(8,581,062)</u>	<u>(8,613,441)</u>
Net cash used in		
investing activities . . . . .	<u>( 147,938)</u>	<u>(2,525,517)</u>
Net increase in cash and cash equivalents . . .	844,007	(2,201,996)
Cash and cash equivalents at		
beginning of year . . . . .	<u>161,857</u>	<u>2,363,853</u>
Cash and cash equivalents at end of year . . . .	<u>\$ 1,005,864</u>	<u>\$ 161,857</u>

---

The accompanying notes are an integral part of these statements.



**Statements of Cash Flows - Continued**  
**Year Ended June 30,**

	<u>1988</u>	<u>1987</u>
Reconciliation of net income to net cash provided by operating activities:		
Excess of revenue over expense . . . . .	\$ 297,674	\$ 335,796
Adjustment to reconcile net income to net cash provided by operating activities:		
Depreciation and amortization . . . . .	\$ 169,978	\$ 119,765
Gain on sale of fixed assets . . . . .	--	(1,350)
Provision for inventory obsolescence . . . . .	10,000	--
Amortization of premium on treasury notes . . . . .	(1,847)	7,378
(Increase) decrease in accounts receivable . . . . .	(28,527)	38,960
(Increase) decrease in prepaid expenses . . . . .	(15,204)	7,490
(Increase) in inventory . . . . .	(2,638)	(17,657)
Increase in accounts payable . . . . .	410,469	153,014
Increase in accrued expenses . . . . .	35,231	16,074
Increase (Decrease) in deferred revenue . . . . .	<u>116,809</u>	<u>(335,949)</u>
Total adjustments . . . . .	<u>694,271</u>	<u>(12,275)</u>
Net cash provided by operating activities . . . . .	<u>\$ 991,945</u>	<u>\$ 323,521</u>

---

The accompanying notes are an integral part of these statements.

**Notes to Financial Statements**  
**June 30, 1988 and 1987**

**Note A - Summary of Accounting Policies**

A summary of the Council's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

**Accounting Method.** The Council prepares its financial statements on the accrual basis of accounting. Examination fees collected and processing costs incurred in advance are deferred and recognized at the date of the examination.

**Depreciation.** Depreciation is provided for in amounts sufficient to relate the cost of depreciable equipment and leasehold improvements to operations over their estimated service lives on the straight-line method.

**Inventories.** Inventories, primarily publications, are stated at the lower of actual cost or market. Cost is determined principally by specific identification. During 1988, it was determined that certain publications may become outdated. A reserve for inventory obsolescence in the amount of \$10,000 was recorded.

**Prepaid Disaster Plan Costs.** The Council incurred supplemental reprinting costs for examinations in 1985 and 1986. The costs were being amortized over a six-year period on a straight-line basis. However, during the August 1988 convention, a new Crisis Management Plan was adopted to become effective with the July 1989 RN examination and the October 1989 PN examination. Thus, the remaining useful life of the reprinted and stored examinations is approximately one year. An additional \$39,711 in amortization expense was recorded to reflect this change in accounting estimate.

**Services of Volunteers.** Officers, committee members, the Board of Directors and various other non-staff associates assist the Council in various program and administrative functions, without remuneration. No value has been ascribed for such volunteer services because of the impracticality of their measurement.

**Statement of Cash Flows.** In accordance with Statement of Financial Accounting Standards No. 95, a statement of cash flows is presented in place of a statement of changes in financial position. Accordingly, the financial statements for the year ended June 30, 1987 have been restated to present a Statement of Cash Flows.

**Note B - Purpose and Tax Status**

The Council is a non-profit corporation organized under the Statutes of the Commonwealth of Pennsylvania. Its purpose is to serve as a charitable and educational organization through which State Boards of Nursing act on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations and standards in nursing. It is exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code, as indicated in a letter dated June 8, 1987. Therefore, the accompanying financial statements reflect no provision for income taxes.

**Note C - Commitments**

**Operating Lease.** The Council's lease agreement for office facilities extends through August 31, 1989 and calls for monthly payments of \$11,577 which are adjusted annually based on the changes in the Consumer Price Index. In addition to the basic rental, the Council is required to pay for electricity.

**Note C - Commitments - Continued**

The Council's future minimum rental payments required under this long-term lease are as follows:

Period ending	
June 30, 1989	\$138,924
July and August, 1989	<u>23,154</u>
Total minimum lease payment	<u>162,078</u>

**Data Center Contract.** The Council has entered into an agreement for the design of a computerized system for processing test applications. In connection with this system, the agreement provides for the test service company to process the test applications with a minimum annual fee of \$343,000 through July 1988, and \$413,000 from August 1988 through July 1991.

**Computerized Adaptive Testing.** The Council designated \$176,000 in 1987, and \$283,23 in 1988 to fund a computerized adaptive testing project. During fiscal 1988 and 1987, \$380,703 and \$63,183 were expended, respectively. Within these designated funds, the Council entered into contracts with an outside research organization in the amount of \$125,000 to develop computerized adaptive testing software.

**Note D - Computer Simulated Testing**

In 1988, the Council received a restricted grant from the Kellogg Foundation to develop a software system to insure clinical competence of nurses and to insure inter-professional collaboration between nursing and medicine, through computer based clinical simulation. The grant, amounting to \$1,906,179, will be received in three installments through June of 1991. In return for computer programming and consulting services, the National Council must pay National Board of Medical Examiners a minimum of \$625,000 between March 1, 1988 and February 28, 1991.

## Report of the Area I Director

Although I was unable to attend the April 1989 Board of Director's meeting and was unavailable for several conference calls, I did participate in the majority of Board meetings and conference calls. In addition, I attended the Board/Committee Orientation and the Wingspread Conference.

The Area I meeting was held March 2-3, 1989, in Anchorage, Alaska. Forty (40) representatives from Area I Member Boards, the National Council, CTB/McGraw-Hill and The Psychological Corporation attended the meeting. Thirteen (13) of the eighteen (18) jurisdictions in Area I were present. Major areas of discussion at the Area I meeting included the increased failure rate with the NCLEX-788, the nursing shortage, and the preparation and evaluation of nurse aides.

Future sites for Area I Spring meetings are:

- 1990 - Arizona (Phoenix or Scottsdale)
- 1991 - Yellowstone National Park, Wyoming

I would like to take this opportunity to thank Area I Member Boards for the opportunity to represent our Area on the Board of Directors the past two years.

Nancy Twigg, New Mexico  
Area I Director

## Report of the Area II Director

As Area II Director, I have participated in Board meetings and conference calls as well as the Orientation Session for Boards and Committees. Additionally, I have served as a member of the Convention Planning Committee and as Board liaison to the Nursing Practice Committee and its subcommittees.

The Area II meeting was well hosted on April 10-11, 1989, by the Nebraska Board of Nursing in Lincoln, Nebraska. Twelve of the thirteen jurisdictions in Area II were represented. Also in attendance were Renatta Loquist, President; Jennifer Bosma, Acting Executive Director; Anthony Zara, Director of Special Projects; Andrea Kingman, CTB/McGraw-Hill; and Sandra Pakes, The Psychological Corporation.

Major topics of discussion included:

1. Computer Adaptive Testing
2. Computer Simulation Testing
3. Frequency and dates of examination administration
4. NCLEX-PN Test Plan revision
5. PN/VN Competencies
6. Nursing Shortage
7. Nurse Aide Competency Evaluation Program
8. Scholarship/Loan legislation in various jurisdictions
9. Handling of practice issues
10. Commission on Graduates of Foreign Nursing Schools
11. NCLEX draft item concerns

Following the presentations by staff and committee members, the participants formed smaller discussion groups to identify priorities and concerns for the Council to consider. Major themes identified included:

1. Attention to fiscal restraints.
2. Direction of resources toward implementation of CAT as opposed to increasing the number of administrations of current examinations.
3. Improved coordination of surveys sent to Member Boards.
4. Role of research in the Council.
5. Timeliness of public policy statements and documents.
6. Development of model language for nursing assistants.
7. Increased feedback to jurisdictions regarding the performance of item writers and content experts from respective jurisdictions.
8. Disciplinary responses in cases related to practice issues.
9. Exercising of caution with regard to entry into practice statements from the Council.
10. Examination workshops being provided by CTB/McGraw-Hill similar to that provided at the Invitational.

The participants did endorse the proposing of a resolution regarding formulation of a formalized relationship with the American Organization of Nurse Executives.

I have enjoyed being able to represent Area II and look forward to increased communication with the Member Boards in the future.

Judy A. Jondahl, Illinois  
Area II Director

## Report of the Area III Director

During the past year, several major National Council issues afforded me the opportunity to gain knowledge and insight about the operations, structure and philosophy of Area III Member Boards. This experience has proven invaluable in representing Area III on the Board. During the past year, I have attended all Board meetings, Communication Committee meetings, and all but one of the many conference calls.

The Area III Meeting was held April 6-7, 1989, in New Orleans, Louisiana, with seventy-two (72) attendees representing all sixteen (16) jurisdictions. Lively discussion occurred about state legislative issues, Council/committee reports, and specified Area interests. The spring 1990 meeting will be held in Charleston, South Carolina.

Area III Member Boards continue to demonstrate commitment to the Council by active participation in activities to accomplish the mission and goals of the Council.

Carolyn Hutcherson, Georgia  
Area III Director

## Report of the Area IV Director

As Area IV Director, I have attended all regular meetings of the Board of Directors, participated in all but one conference call, and served as Chairperson of the Board of Directors' Communications Committee.

The Area IV Member Boards met on April 20-21, 1989, in Atlantic City, New Jersey. Twelve of the thirteen jurisdictions were represented at the meeting by a total of fifty-five attendees. Representing the Council were Renatta Loquist, President; Dr. Jennifer Bosma, Acting Executive Director; and Anthony Zara, Director of Special Projects. Also in attendance were Andrea Kingman, CTB/McGraw Hill, and Mary Ellen Raab, The Psychological Corporation.

A moment of silence was observed in memory of Marianna Bacigalupo, former Executive Director of the New Jersey Board of Nursing, who died on April 11, 1989.

Agenda items and presentations included the following:

1. PN/VN test plan
2. Reporting of pass/fail scores
3. Examination policies
4. Administration of NCLEX-PN in Germany
5. Implementation of OBRA
6. Nurse Aide Competency Evaluation Program
7. National Practitioner Data Bank
8. CAT and CST projects
9. Survey regarding increase in number of NCLEX administrations
10. Use of NCLEX for continued competency

We were privileged to have as our luncheon speaker Dr. Lucille Joel, President, American Nurses' Association.

Appreciation is extended to the New Jersey Board of Nursing and its Executive Director, Sister Teresa Harris, for planning and organizing this meeting and for the hospitality extended to the attendees.

The 1990 Area IV meeting will be held in Baltimore, Maryland.

I am appreciative of the opportunity to serve you as Director and solicit your suggestions for continued representation of the need of Area IV.

Jean C. Caron, Maine  
Area IV Director

## Report of the Director at Large

Through this past year, it has been a pleasure to serve the National Council as its Director at Large. Regrettably, unforeseen obligations, coupled with health related problems, necessitated my resignation from the Board of Directors. However, in the few months which I was able to fulfill my responsibilities, I participated in two Board meetings and three Board of Directors' conference calls. Additionally, I served as the Board liaison to the Nurse Information System Committee and, as such, participated in its 30 October - 1 November meeting as well as its December conference call. I also served as a member of the Communications Committee and attended the NCNIP Wingspread Conference in October 1988.

Although I needed to resign office in mid-term, I will always be most interested and supportive of Council activities. I thank the Delegates for allowing me the opportunity to take an active role in this dynamic organization.

Lonna Burress, Nevada  
Director at Large



## Report of The Board of Directors

### Recommendations

That the National Council conduct standard setting procedures on a regular cycle, occurring every three years for each licensure examination; the timing shall be coordinated with the cycle of job analysis studies whenever possible. (Goal I. Objective A.)

### Meetings

The Board of Directors of the National Council of State Boards of Nursing, Inc., met on the following dates since the time of the last annual report to the Delegate Assembly.

- \*June 23, 1988
- \*July 18, 1988
- \*August 1, 1988
- August 14-16, 1988
- August 20, 1988
- \*August 29, 1988
- November 2-3, 1988
- \*December 14, 1988
- \*January 3, 1989
- \*January 6, 1989
- January 29 - February 1, 1989
- \*February 16, 1989
- \*March 3, 1989
- \*April 3, 1989
- April 26-28, 1989
- \*May 8, 1989
- \*June 7, 1989

\*telephone conference calls

Board of Directors meetings are scheduled for July 6-7 and July 30-31, 1989.

### Operational Plan

At the annual Fall Planning Retreat, the Board of Directors and committees plan specific activities to carry out the adopted goals, objectives, and strategies of the National Council of State Boards of Nursing. After review for coordination and coverage, and updating to include activities directed by the 1988 Delegate Assembly, the Board of Directors approved the Operational Plan for FY89 in August 1988. Planning for committee and Board of Directors activities and the annual budget is guided by the Operational Plan.

### **Committees**

Members of the Board of Directors served on the following committees to expedite the work of the Board:

- Coordinating Committee
- Communications Committee
- Convention Planning Committee

The following are Ad Hoc Committees created by and reporting to the Board of Directors, with charges to perform particular tasks related to the mission and goals of the National Council:

- Nurse Information System Committee (formerly National Nursing Licensure Data Base Committee) (Goal IV. Objectives A and B)
- Job Analysis Monitoring Committee (Goal I. Objective A. Strategy 4)
- Committee for Special Projects (Computerized Adaptive Testing Feasibility Study) (Goal I. Objective A. Strategies 6 and 7)
- Steering Committee, Computerized Clinical Simulation Testing Project (Goal I. Objective A. Strategy 8)

The following is an Ad Hoc Committee created by the Delegate Assembly with a charge to perform a specific task related to the mission and goals of the National Council:

- Nurse Aide Competency Evaluation Program (NACEP) Committee (Goal I. Objective C. Strategy 7)

The following are Standing Committees of the Delegate Assembly whose work progress is monitored throughout the year by the Board of Directors:

- Administration of Examination Committee
- Bylaws Committee
- Examination Committee
- Finance Committee
- Nursing Practice and Education Committee

### **Board Of Directors Actions**

- . Reviewed reports and recommendations from officers, committees, staff, and test services at each meeting and took appropriate action.
- . Appointed committee chairpersons and ratified Coordinating Committee appointments of members to standing and ad hoc committees.
- . Assigned members of the Board of Directors as liaisons to standing and ad hoc committees for FY89; adopted a document describing the purpose and function of the Board/Committee Liaison role, and directed staff to disseminate it to committee chairpersons.

- . Determined that there was a need to establish a monitoring mechanism for in-house job analysis studies and appointed a three-member Ad Hoc Job Analysis Monitoring Committee.
- . Created a designated fund for the implementation of the Crisis Management Plan adopted by the 1988 Delegate Assembly.
- . Directed staff to monitor truth-in-testing developments and report back to the Board; and directed staff to hold further investigation of the potential response to truth-in-testing of full item disclosure, pending progress of a grant proposal by Doctors George Madaus and Benjamin Shimberg for an independent testing audit group.
- . Directed staff to prepare an informational document describing the standard setting process for NCLEX-RN 788 for distribution to Member Boards.
- . Approved a process for evaluation of proposals for a NACEP test service.
- . Directed staff and legal counsel to prepare a letter to Member Boards explaining the change in number of days for notification under the Crisis Management Plan adopted by the 1988 Delegate Assembly.
- . Directed that a summary page of Board/Committee recommendations be included in future editions of the *Book of Reports*; and that committees include the applicable goal, objective, and strategy from the Operational Plan with their recommendations.
- . Established a liaison relationship with the American Organization of Nurse Executives.
- . Reviewed the standard setting process, and directed the test service and staff to prepare recommendations for procedural modifications for presentation at the July 1989 Board of Directors meeting.
- . Determined that the Examination Committee shall establish criteria for, and select members of, the panels of judges for setting NCLEX passing standards, subject to ratification by the Board of Directors.
- . Selected The Psychological Corporation of San Antonio, Texas, as the test service for NACEP, and appointed a four-member team to negotiate the contract.
- . Created a designated fund, in the amount directed by the 1988 Delegate Assembly, for NACEP.
- . Approved plans and set the registration fee at \$150 for the February 1989 Regulatory Conference.
- . Approved revised criteria for the R. Louise McManus Award; selected a new award design; selected an award recipient (confidential until the 1989 Awards Luncheon).

- . Approved security procedures for Computerized Clinical Simulation Testing (CST) Case Development; approved criteria for appointments to the Scoring Key Development Committee.
- . Set priority guidelines for the acceptance of speaking engagements by National Council representatives.
- . Directed staff to prepare the 1989 *Book of Reports* in ring binder format.
- . Approved a special administration of the NCLEX-PN, using a reserve examination, to nine Missouri candidates for whom the test service had erroneously generated passing reports on NCLEX-PN 088; directed CTB/McGraw-Hill to compensate candidates for expenses incurred as a result of the error; and directed staff to provide statistical information requested by the Missouri Board of Nursing.
- . Authorized the conduct of a dimensionality study on NCLEX-RN during fiscal year 1989 and a dimensionality study of NCLEX-PN after a revised test plan is adopted by the Delegate Assembly.
- . Reviewed, modified, and adopted a blueprint for NACEP and authorized dissemination of the blueprint; authorized dissemination of an expanded blueprint, to be developed and approved by the NACEP Committee.
- . Directed staff to publish and disseminate a summary of the National Council's nurse aide job analysis and related materials.
- . Determined that the blueprint for NACEP may be modified in response to state requirements, with the stipulation that the contract between the state and The Psychological Corporation must reflect appropriate accountability for the modified NACEP.
- . Appointed Dr. Jennifer Bosma, Director of Testing Services, to serve as Acting Executive Director following the resignation of Dr. Eileen Dvorak as Executive Director.
- . Appointed five members to serve on the Executive Director Search Committee; after input from the Search Committee, adopted a position description for the Executive Director, ideal candidate criteria and qualifications, and a timeline for the search process.
- . Designated a committee of the four Area Directors to make appointments to standing and ad hoc committees for FY90.
- . Adopted Operational Plan activities for FY90, and directed staff to disseminate the plan.

- . Reimbursed the American Organization of Nurse Executives \$2000 for the National Council's share of expenses incurred for a fall 1988 invitational conference on the Registered Care Technologist proposal and the nurse shortage.
- . Deferred action on the future of the National Council's Disciplinary Data Bank until such time as the federal National Practitioner Data Bank has been functional for at least six months.
- . Directed the Nursing Practice and Education Committee to continue to monitor all job analysis studies for practice implications.
- . Directed staff and legal counsel regarding continued negotiations with the National Board of Medical Examiners for a software license and maintenance agreement for Computerized Clinical Simulation Testing (CST) software.
- . Directed staff to continue the current level of monitoring of federal legislation, and provide updates in the *Newsletter*.
- . Selected 676 N. St. Clair, Chicago, as office space for National Council headquarters, beginning September 1, 1989.
- . Developed and disseminated a response to a resolution concerning NCLEX from the Southern Council on Collegiate Education for Nursing.
- . Declined a Member Board request for use of the reserve examination prior to the regularly scheduled February 1989 examination for candidates failing NCLEX-RN 788.
- . Authorized a feasibility study by committees, test service, and staff on increasing the number of annual NCLEX administrations; reviewed the report and determined that consideration of this issue would have to be made by the 1989 Delegate Assembly since a substantive change to Member Board contracts would be required; based on surveys conducted during Area Meetings, determined that the Board of Directors would not make a recommendation to the Delegate Assembly regarding increasing the number of NCLEX administrations.
- . Issued two letters of concern and one letter of reprimand to Member Boards for violations of security measures or procedures, which threatened the integrity of the licensure examinations.
- . Adopted a "Relationship Model for Committees and Subcommittees."
- . Requested the Examination Committee to review the Canadian Nurses' Association Test Service Examination for comparability to NCLEX during FY90.
- . Determined that the Nursing Practice and Education Committee should not develop model language for legislation related to implementation of the Nursing Home Reform Act, but rather that the National Council should serve as a clearinghouse for exchange of regulatory language and information between states.

- . Directed the Bylaws Committee to review remaining National Council standing rules (not incorporated in 1988 Bylaws revisions) for routing to appropriate committees, which will consider incorporating the rules into committee policies and procedures.
- . Adopted Communications Committee recommendations to continue to use on-site meetings as the primary mode for National Council meetings; not to allow credit card payment for publications; to publish examination statistics after each examination; to terminate the NCLEX-RN and -PN videotapes; and to approve the Area Meetings Manual.
- . Adopted Convention Planning Committee recommendations to develop an orientation manual, list of staff and responsibilities, and a glossary for the 1989 *Book of Reports*; to provide for special interest group meetings; to include luncheon meeting functions within a \$325 registration fee; to send sufficient sets of registration materials to Member Boards for distribution to members and staff.
- . Appointed Carol Stuart (SD) to serve the remainder of the Director-at-Large term, when a vacancy was created due to the resignation of Lonna Burress (NV).
- . Approved the operating and capital acquisitions budgets for FY90.
- . Referred to the Delegate Assembly for decision an unsolicited proposal for a two-year extension of the test service and data center contracts with CTB/McGraw-Hill, conditional upon completion of a test service evaluation prior to the July 6-7, 1989, meeting of the Board of Directors.
- . Directed that an incumbent nurse aide job analysis be performed for NACEP, with consideration given to surveying nurse aides in all major work settings and including supervisory personnel in the survey.
- . Approved selection criteria for NACEP item writers, item reviewers, task developers, and standard setting panel members.
- . Adopted a procedure for the review and disposition of potentially biased examination items.
- . Recommended (to the 1989-90 Communications Committee) that the National Council sponsor a Regulatory Conference at least every two years.
- . Directed that NCNET, the National Council's electronic mail network, be continued, with enhanced promotional efforts and exploration of expanded services.
- . Approved selection criteria for Field Test states and sites for the Computerized Adaptive Testing (CAT) Feasibility Study.
- . Selected Colorado as the site for 1992 National Council Convention.

## Summary of Recommendations to the 1989 Delegate Assembly

Recommendations from the Board of Directors and committees are summarized in the following list. The Operational Plan goal and objective have been identified for each recommendation. The fiscal impact is also noted.

1989 Slate (Committee on Nominations, Goal II, Objective B. No direct fiscal impact).

That the National Council conduct standard setting procedures on a regular cycle, occurring every three years for each licensure examination; the timing shall be coordinated with the cycle of job analysis studies whenever possible (Board of Directors, Goal I, Objective A. Fiscal impact: cost of one panel per exam is covered under test service contract).

The auditor's report for fiscal year 1988 be approved as presented (Treasurer, Goal II, Objective A. No fiscal impact).

Adopt the proposed revision of the NCLEX-PN test plan (Examination Committee, Goal I, Objective A. Fiscal impact: costs of publishing document and developing knowledge, skill and ability statements are included in Exam Committee FY90 budget).

The National Council continue to conduct regularly scheduled RN and PN job analyses. Each job analysis shall be done no less frequently than every three years and rotated so that analyses do not occur simultaneously, e.g., RN 1989-1990, PN 1990-91, skip 1991-1992 (Examination Committee, Goal I, Objective A. Fiscal impact: cost for RN is included in FY90 budget for research).

Recognize that jurisdictions have the responsibility and authority to establish standards for licensure within their borders. Jurisdictions which have reviewed and accepted the passing standard established by the National Council will be entitled to utilize the validation studies in support of the Council's standard to defend their own licensure decisions. Jurisdictions which choose to adopt a different standard will bear the burden of validating and defending that standard, and establishing procedures to deal with endorsement of licensees. The National Council will notify all Member Boards of any jurisdictions choosing a different passing standard (Examination Committee, Goal I, Objective E. No direct fiscal impact).

The Committee recommends the following dates for the 1999 regular administration of NCLEX examinations: RN-February 2 and 3 (T-W) and July 13-14 (T-W); PN-April 14 (W) and October 13 (W) (Administration of Examination Committee, Goal I, Objective B. No direct fiscal impact).

The Committee recommends the following as alternate dates for 1999 administration of NCLEX examinations should the Crisis Management Plan be implemented: RN-March 3 and 4 (T-W) and September 13 and 14 (M-T); PN-May 11 (T) and November 17 (W) (Administration of Examination Committee, Goal I, Objective B. No direct fiscal impact).

The Committee recommends adoption of the proposed changes to the Security Measures (Administration of Examination Committee, Goal I, Objective B. **No direct fiscal impact**).

The Nursing Practice and Education Committee recommends that the Delegate Assembly adopt the Uniform Standards for Endorsement and the Uniform Requirements for Foreign Graduates (Goal I, Objective E. **No direct fiscal impact**).

That the Delegate Assembly authorize continuation of the Subcommittee to Study Regulatory Models for Chemically Dependent Nurses (Subcommittee to Study Regulatory Models for Chemically Dependent Nurses, Goal V, Objective B. **Fiscal impact: cost is included in FY90 budget for research**).

The Delegate Assembly authorize the conduct of a limited job analysis in sites with differentiated job descriptions reflecting evolving practice, using the qualitative and quantitative instruments to determine whether the three sets of hypothesized competencies are validated (Subcommittee on PN/VN Competencies, Goal I, Objective A. **Fiscal impact: cost is included in FY90 budget for research**).

The Delegate Assembly authorize the Task Force on Examinations for the Future be convened during FY91 for the purpose of reviewing all data from job analysis studies and recommending a specific testing model to the Delegate Assembly in FY92 (Subcommittee on PN/VN Competencies, Goal I, Objective A. **Fiscal impact: estimated to be \$10,050 in FY91**).

That the National Council explore the feasibility of developing generally applicable audio-visual materials on the role of regulation for use by Member Boards (Subcommittee on the Nurse Shortage, Goal I, Objective D. **No direct fiscal impact at this time**).

The Committee recommends the consideration of the five proposed changes (to the Bylaws) as presented in this report (Bylaws Committee, Goal II, Objective B. **No direct fiscal impact**).



## National Council Operational Plan (FY 90) \*

*Goal I. Develop, promote, and provide relevant and innovative services.*

*Objective A: Develop licensure examinations that are based upon current accepted psychometric principles and legal considerations.*

---

### FY 90 Activity

---

- |   |   |
|---|---|
| 1. Collect data from states relative to competencies for nursing practice.  | Nursing Practice and Education Committee monitors the entry into practice issue and presents an updated report to 1989 Delegate Assembly. Staff collect data related to entry into practice as part of yearly collection of statistical data. Funded under Nursing Practice and Education Committee.  |
| 2. Establish the directions for the development of licensure examinations based on ongoing job analysis and role delineation studies. | Examination Committee monitors development of licensure examinations and recommends modifications as necessary. Funded under Examination Committee.<br><br>Board of Directors annually evaluates the need for additional item writers and panel of content experts sessions. Funded under Board of Directors.<br><br>Staff monitor compliance of contractors with contract provisions especially production of items. Funded under NCLEX Support costs. |
| 3. Evaluate the ACT report for implications in the initial licensing examinations and for competency examinations.                    | —————>  |

---

\* As of 29 January 1989

\*\* Requires Delegate Assembly Action

—————> No activity planned

4. Continue to conduct research on the job-relatedness of the licensure examinations.
- Examination Committee identifies need for future job analysis studies. Board reviews Examination Committee recommendations. Funded under Examination Committee.\*\* Staff conduct RN job analysis using revised instrument. Funded under Research.
5. Continue to develop test plans for licensure examinations that are based on current nursing practice.
- Examination Committee presents recommendation regarding PN test plan to Delegate Assembly 1989,\*\* implements decision of 1989 Delegate Assembly on test plan revisions. Funded under Examination Committee.
6. Perform a feasibility study of the computerized adaptive testing program.
- Committee for Special Projects presents update report to Delegate Assembly in 1989. Funded under Computerized Adaptive Testing (CAT) Designated Fund.
- Examination Committee collaborates with Committee for Special Projects on aspects of project that relate to item development. Funded under Examination Committee and Committee for Special Projects.
- The Committee for Special Projects continues the conduct of the Computerized Adaptive Testing (CAT) Study along revised timelines, develops items for and field tests RN candidates only pending results of NCLEX-RN dimensionality study. Funded under CAT Designated Fund.
7. Investigate the feasibility of computerized clinical simulation testing (CST) for initial and continued licensure.
- The CST Steering Committee conducts computerized clinical simulation testing project as proposed and develops and tests software/database program. Funded under CST restricted funds.
- Board of Directors evaluates preliminary data regarding CST and initiates, if appropriate, beginning development of a proposal for continuation of funding. Funded under Board of Directors.

8. Explore producing licensure examinations through computer based technology. —————>

*Goal I. Develop, promote, and provide relevant and innovative services.*

*Objective B: Establish policies and procedures for the licensing examinations in nursing.*

---

**FY 90 Activity**

---

- |   |  |
|---|--|
| 1. Develop policies and procedures for computer based testing.      | <p>Administration of Examination Committee, Examination Committee, Committee for Special Projects, and CST Steering Committee continue the development of policies and procedures for computer-based testing. Funded under CAT designated and CST restricted funds.</p> <p>Administration of Examination Committee recommends policies related to security measures for computer-based field testing to Delegate Assembly. Funded under CAT designated and CST restricted funds.</p> <p>CST Steering Committee oversees development of scoring keys for CST cases. Funded under Computerized Simulation Testing restricted funds.</p> <p>Committee chairpersons whose functions impact on examinations meet annually and as necessary to coordinate examination and practice related activities. Funded under Administration of Examination Committee, Examination Committee and other appropriate Committees.</p> |
| 2. Evaluate policies and procedures for the licensing examinations. | <p>Administration of Examination Committee implements the plan for Crisis Management. Funded under Administration of Examination Committee.</p>  |

## Strategy 2 (Cont.)

Examination Committee and Administration of Examination Committee review existing policies and procedures for test development and administration. Funded under Examination Committee and Administration of Examination Committee.

Board of Directors reviews policies and procedures for testing committees. Funded under Board of Directors.

Administration of Examination Committee reports review of Delaware Board regarding administration of examination in Germany for 1989-90 and makes recommendation.\*\* Funded under Administration of Examination Committee.

Administration of Examination Committee sets NCLEX future dates/alternate dates and reports findings. Funded under Administration of Examination Committee.

Staff publish NCLEX administration dates/alternate dates for next ten years. Funded under NCLEX Support Costs.

Board of Directors develops and disseminates request for proposal for test service; evaluates proposals, appoints negotiating team, and prepares recommendation for 1990 Delegate Assembly. Funded under NCLEX.

*Goal I. Develop, promote, and provide relevant and innovative services.*

*Objective C: Provide consultative services for Council members, groups, agencies, and individuals regarding the safe and effective practice of nursing.*

---

**FY 90 Activity**

---

- |   |  |
|---|--|
| 1. Expand and promote orientation and educational programs for members.   | <p>Communications Committee plans orientation program for 1990 Convention with presentations for targeted needs. Funded under Communications Committee.</p> <p>Coordinating Committee and staff prepare and present orientation/planning session for Board of Directors and committees. Funded under Board of Directors.</p> <p>Staff review and update orientation manual. Funded under Board of Directors.</p> <p>Staff continue to respond to written or telephone inquiries for service or assistance. Funded under appropriate program.</p> |
| 2. Develop an orientation section in the NCSBN manual for new Board staff and Board members.                      | <p>Communications Committee and staff review and update orientation sections as needed. Funded under Communications Committee.</p>   |
| 3. Explore the consultation needs of Member Boards.   | <p>Staff continue to provide consultation visits to Member Boards. Funded under Public Relations.</p> <p>Board of Directors evaluates continuation of field consultation visits. Funded under Board of Directors.</p>  |
| 4. Publish a list of consultants within the Council according to area of expertise with input from Member Boards. | <p>Communications Committee and staff review and update publication of National Council consultants. Funded under Communications Committee.</p>  |

5. Monitor the health care delivery system to evaluate implications for safe and effective practice.

Staff publishes health care references for regulatory impact. Funded under Nursing Practice and Education Committee.

Nursing Practice and Education Committee monitors implementation of PL100-203 and reports to 1989 Delegate Assembly regarding regulatory implications. Funded under Nursing Practice and Education Committee.

Nursing Practice and Education Committee reports to 1989 Delegate Assembly recommendation of subcommittee on Nursing Shortage for long and short-term strategies that Member Boards can take to minimize the negative effects of the nurse shortage. Funded under Nursing Practice and Education Committee.

6. Continue to disseminate NCSBN statements on trends and issues affecting nursing education and nursing practice.

Staff continue to publish and disseminate Issues on a bi-monthly basis and other documents as appropriate. Funded under Publications.

7. Develop Nurse Aide Competency Evaluation Program (NACEP).

Test Service and Competency Evaluation Committee market Competency Evaluation Program to state agencies responsible for evaluation of Nurse Aides. Funded under NACEP and Nurse Aide test service contract.

Staff provide updated information on State Nurse Aide Competency Evaluation activities to Member Boards. Funded under NACEP.

NACEP Committee and test service submit reports to Delegate Assembly. Funded under NACEP.

NACEP Committee oversees development of nurse aide competency evaluation program. Funded under Nurse Aide Test Service Contract.

## Strategy 7 (Cont.)

NACEP Committee develops blueprint and approves each form of the NACEP; recommends to Board of Directors guidelines for selection of item/task developers, state contracts, pricing, security measures and administration. Funded under Nurse Aide test service contract.

Board of Directors establishes recommended passing standard for NACEP. Funded under Board of Directors.

NACEP Committee makes recommendation regarding need for incumbent nurse aide job analysis survey.\*\* Funded under NACEP.

Staff conduct Nurse Aide Job Analysis incumbent survey if approved. Funded under NACEP.

NACEP Committee cooperates with test service to prepare for the one year post approval program provider review by states. Funded under Test Service Contract.

Board of Directors and NACEP Committee evaluate nurse aide competency evaluation program. Funded under Board of Directors and NACEP.

*Goal I. Develop, promote, and provide relevant and innovative services.*

*Objective D: Maintain and enhance communication about NCSBN, its members, and issues concerning safe and effective nursing practice.*

---

**FY 90 Activity**

---

1. Continue investigation of electronic mail and electronic communications, including teleconferencing.

Board of Directors evaluates electronic mail system and makes recommendations as needed. Funded under Public Relations.

2. Investigate mechanism for increased communications among Member Boards and Council.
- Staff markets and provides training to Member Boards on NCNET; increases use for routine forms. Funded under Public Relations.
- Communications Committee recommends to Board of Directors a plan for effective communication among Member Boards, Council and other groups. Funded under Communications Committee.
3. Provide forums for Member Board exchange.
- Board of Directors continues to implement open forums at Board meetings. Funded under Board of Directors.
- Communications Committee and staff plan forums on topics of Member Board interest during 1990 Delegate Assembly meetings. Funded under Delegate Assembly.
- Area Directors supported by staff plan agendas for Member Board Area meetings. Funded under Area Meetings.
- Staff updates and disseminates resource list of paper and presentation topics. Funded under Publications.
4. Stimulate greater use of NCSBN resources by updating members on available service.
- Communications Committee and staff publicize through biweekly newsletter, existing National Council resources and services. Funded under Publications.
5. Provide audio visual materials on the license examinations for nursing practice.
- Staff make available audio visual materials on NCLEX development. Funded under Examination Committee.
6. Provide a publication about trends in regulation and activities of Member Boards.
- Staff continue comprehensive report of issues and trends to Member Boards. Funded under Nursing Practice and Education Committee and Publications.
- Staff publish State Nursing Legislation Quarterly. Funded under Publications.



- |  |  |
|--|--|
| 7. Maintain and update NCSBN Manual.   | Staff review changes made by 1989 Delegate Assembly, the Board of Directors and committees and, on that basis, updates policies and procedures and circulate revised or new forms and materials to Member Boards. Funded under Communications Committee.   |
| 8. Evaluate current and future publications related to the licensing process, legal responsibilities, and National Council services. | <p>Communications Committee reports to Board of Directors evaluation of current publications and need for new publications. Funded under Communications Committee.</p> <p>Communications Committee and staff plan publications for the year. Funded under Communications Committee.</p> <p>Staff disseminate annual report including examination data to Member Boards and other organizations within six months of the end of the fiscal year. Funded under Publications.</p> <p>Staff prepare Book of Reports which includes summary of prior Delegate Assembly actions. Funded under Delegate Assembly.</p> |
| 9. Continue to publish the national disciplinary data bank reports and summaries.  | <p>Staff collect, summarize, and disseminate data on disciplinary reports. Funded under Disciplinary System.</p> <p>Communications Committee and staff monitor status of National Practitioner Data Base. Funded under Disciplinary System.</p>  |
| 10. Publish NCSBN research on licensure examinations and nursing practice.   | Staff publish research findings on licensure examinations and nursing practice. Funded under Publications.   |
| 11. Publish test plans for licensure examinations.   | Staff make available test plan for both the RN and PN/VN licensure examinations. Funded under Publications.  |
| 12. Publish study guides on the licensure examinations.  | Staff reviews and updates study guides on the licensure examinations as required. Funded under Publications.   |

- |  |   |
|--|---|
| 13. Publish the NCSBN long range plan.                                 | Long Range Planning Committee reviews and evaluates prior long range plan documents and prepares report for 1990 Delegate Assembly. Funded under Long Range Planning Committee. |
| 14. Provide Model Nursing Practice Act and Model Administrative Rules. | Staff continue to make available the Model Nursing Practice Act and Model Administrative Rules. Funded under Publications.  |
| 15. Publish ACT reports.   | Staff make available reports of job analysis studies conducted by ACT. Funded under Publications.   |

*Goal I. Develop, promote, and provide relevant and innovative services.*

*Objective E: Promote consistency in the licensing process among the respective jurisdictions.*

#### FY 90 Activity

- |   |  |
|---|--|
| 1. Evaluate the regulatory implications of entry into practice and its implications for Council services. | Nursing Practice and Education Committee reports to 1989 Delegate Assembly the completed work of the Subcommittee on PN/VN Competencies. Hypothesized sets of competencies will be validated through ongoing job analysis studies. Funded under Nursing Practice and Education Committee and Research. |
|   | Examination Committee and Nursing Practice and Education Committee collaborate to compare the PN/VN competency statements with PN/VN Knowledge, Skill and Ability statements. Funded under Examination Committee and Nursing Practice and Education Committee.   |
| 2. Continue to investigate mechanisms for evaluating continued competence.                                | Nursing Practice and Education Committee and staff continue to maintain a clearinghouse on regulatory and nursing trends for impact on continued competency of nursing practice. Funded under Nursing Practice and Education Committee.  |

Strategy 2 (Cont.)	Nursing Practice and Education Committee and Examination Committee identify minimum levels of continued competence and review methods of determining maintenance of minimal competence. Funded under Nursing Practice and Education and Examination Committees.
3. Provide data to Member Boards on licensure requirements.	Nursing Practice and Education Committee recommends to 1989 Delegate Assembly uniform requirements for licensure of foreign educated nurses. Funded under Nursing Practice and Education Committee.
Strategy 3 (Cont.)	Nursing Practice and Education Committee recommends standards for licensure by endorsement and a standard form for NCNET to the 1989 Delegate Assembly. Continues to monitor issues related to licensure by endorsement. Funded under Nursing Practice and Education Committee.
	Examination Committee presents recommendations to 1989 Delegate Assembly regarding implications of use of different passing scores. Funded under Examination Committee.

*Goal II. Utilize human and fiscal resources efficiently to allow for growth and creativity.*

*Objective A: Implement a planning model to be used as a guide for the development of NCSBN.*

---

**FY 90 Activity**

---

1. Provide for an organizational planning process and structure.	Committees, Board of Directors and Staff plan for the next fiscal year during the Orientation/Planning session. Funded under Board of Directors and Committees.
2. Develop an evaluation mechanism for the organization.	Coordinating Committee develops a plan for evaluation of the organization. Funded under Coordinating Committee.

3. Implement a program budgeting system for the National Council.

Finance Committee evaluates the program budget. Funded under Finance Committee.

Finance Committee reviews methods to coordinate budget and Operational Plan. Funded under Finance Committee.

Finance Committee reviews costs by program for evaluation by the Board of Directors. Funded under Finance Committee and Board of Directors.
4. Investigate the feasibility of new revenue sources for the organization.

Finance Committee continues to explore new revenue sources for the National Council. Funded under Finance Committee.
5. Maintain financial policies which provide guidelines for organizational development.

Finance Committee continues to recommend financial policies to the Board of Directors and evaluates the financial policies of the National Council. Funded under Finance Committee.

Finance Committee continues to evaluate and revise currently existing designated funds and recommends to the Board of Directors need for additional designated funds. Funded under Finance Committee.

Finance Committee and staff monitor and evaluate the management of the investment portfolio. Funded under Finance Committee.
6. Review and revise forecast assumptions to maintain a current forecasting model.

Finance Committee and staff evaluate and revise the forecasting model using the FY 89 data. Funded under Finance Committee.

*Goal II. Utilize human and fiscal resources efficiently to allow for growth and creativity.*

*Objective B: Strengthen the organizational structure in the complex environment of high technology, transforming health care delivery systems, global communication and international interaction.*

---

**FY 90 Activity**

---

- |  |   |
|--|---|
| <p>1. Evaluate the current organizational structure relative to:</p> <ul style="list-style-type: none"> <li>1. organizational planning;</li> <li>2. committee structure;</li> <li>3. membership options;</li> <li>4. decision-making process;</li> <li>5. interrelation- ships; and</li> <li>6. lines of communication and authority.</li> </ul> | <p>Bylaws Committee considers proposed amendments to Bylaws. Funded under Bylaws Committee.</p> <p>Bylaws Committee reports to 1989 Delegate Assembly on any revisions or amendments. Funded under Bylaws Committee.</p> <p>Committee on Nominations evaluates candidates and prepares slate. Funded under Committee on Nominations.</p> <p>Committee on Nominations reviews and evaluates pre-screening framework. Funded under Committee on Nominations.</p> <p>Committee on Nominations evaluates campaign process and guidelines and revises if necessary. Funded under Committee on Nominations.</p> |
|--|---|

*Goal III. Expand collaborative relationships with relevant organizations to facilitate the development and promotion of health related public policy.*

*Objective A: Provide specific opportunity for direct dialogue, interaction and mutual decision making among national health groups.*

---

**FY 90 Activity**

---

- |   |  |
|---|--|
| <p>1. Develop a public relations program for NCSBN.</p> | <p>Communications Committee implements the Public Relations Program for National Council. Funded under Communications Committee.</p> |
|---|--|

## Strategy 1 (Cont.)

Communications Committee, President and staff maintain ongoing liaison activities with major nursing, health care, and regulatory organizations. Funded under Public Relations.

Board of Directors presents the R. Louise McManus Award. Funded under Communications Committee.

Communications Committee recommends nominees for Member Board and Meritorious Service Awards. Funded under Communications Committee.

2. Initiate a sponsorship of educational programs of regulatory significance.

Communications Committee reviews survey findings on educational programs at convention and proposes programs if appropriate. Funded under Convention Planning.

Communications Committee reviews evaluations of Regulatory Conference, and recommends plan for Third Annual Regulatory Conference. Funded under Communications Committee.

3. Expand dissemination of information about NCSBN and regulatory trends.

Communications Committee and staff continue to implement identified methods of distributing information about the National Council and regulatory trends. Funded under Communications Committee.

Committees review and disseminate information about state and federal initiatives that have regulatory implications. Funded under Committees.

Staff publishes monograph of Second Annual Regulatory Conference. Funded under Publications.

4. Promote the inclusion of a regulatory perspective in national and regional programs on health and related issues.

Board of Directors and staff, through interorganizational liaison activities, promote the inclusion of the regulatory perspective in national and regional programs on health and related issues. Funded under Public Relations.

- |   |   |
|---|---|
| 5. Involve consumers in the development of clear position statements on health related public policies. | Board of Directors continues to appoint consumer members of Member Boards to National Council committees especially those committees that develop position statements on health related public policies. Funded under Board of Directors. |
| 6. Maintain effective working relationships with appropriate community agencies, business and industry. | Communications Committee to plan to sponsor a forum for interchange between the National Council and external agencies as appropriate. Funded under Board of Directors.   |

***Goal III. Expand collaborative relationships with relevant organizations to facilitate the development and promotion of health related public policy.***

***Objective B: Promote and facilitate effective communications with related organizations, groups, and individuals.***

---

**FY 90 Activity**

---

- |  |   |
|--|---|
| 1. Sponsor an annual invitational forum in collaboration with related organizations.   | Communications Committee plans a forum for interchange between National Council and health related organizations. Funded under Communications Committee.  |
| 2. Work with health related organizations in formalizing statements on trends and issues affecting nursing education and nursing practice. | Nursing Practice and Education Committee meets with selected committees of other interested organizations to identify continued competency mechanism. Funded under Nursing Practice and Education Committee.<br><br>President participates as member of governing body of the National Commission on Nursing Implementation Project. Funded under Public Relations. |
| 3. Identify and promote desirable and reasonable standards in nursing education and nursing practice.                                      | National Council to work cooperatively with AMA advisory nurse panel; support efforts of Member Boards and nursing community to prevent implementation of RCT proposal. Funded under Board of Directors.  |

*Goal III. Expand collaborative relationships with relevant organizations to facilitate the development and promotion of health related public policy.*

*Objective C: Increase consumer involvement with NCSBN.*

---

**FY 90 Activity**

---

- |  |  |
|--|--|
| 1. Seek interorganizational sharing of information with consumer groups. | Communications Committee identifies ways of sharing information with interested consumer groups. Funded under Communications Committee.  |
| 2. Continue appointment of consumers to NCSBN committees.                | Board of Directors and staff solicit consumer members of Member Boards for appointment to NCSBN committees. Appoint outside consumer consultants to committees as needed. Funded under Board of Directors.<br><br>Committee on Nominations solicits consumer members of Member Boards for nomination to the Board of Directors. Funded under Committee on Nominations. |

*Goal IV. Develop a comprehensive information system for use by members, organizations and the public.*

*Objective A: Implement a five year plan for an information system.*

---

**FY 90 Activity**

---

- |  |   |
|--|---|
| 1. Consolidate present information system. | Nurse Information System Committee (NIS) initiates data collection on key licensure data from those jurisdictions that can readily access that information. Funded under NIS Committee. |
|--|---|



- 2. Assign a Board level committee to develop guidelines for data collection, data use, distribution, and other functions related to information systems.

NIS Committee continues to pursue outside funding and, if funded, assists Member Boards with the implementation of a system to collect licensee information. Funded under NIS Committee.

NIS Committee continues to work with Member Boards to identify currently available data and mechanisms for obtaining data not currently accessible. Funded under NIS Committee.

NIS Committee sponsors presentations during 1989 Convention Research Forum regarding information systems utilized for data collection and analysis, and demonstrates what would be necessary to provide critical nurse identification elements. Funded under Delegate Assembly.

*Goal IV. Develop a comprehensive information system for use by members, organizations and the public.*

*Objective B: Collect, analyze and disseminate data and statistics in such areas as licensure, educational programs, and regulatory functions.*

---

FY 90 Activity

---

- 1. Assess the market for data distribution. —————>
- 2. Develop and market a nurse licensee data base if market assessment indicates such action. —————>
- 3. Establish a data clearinghouse. —————>

*Goal V. Advance research that contributes to the public health, safety, and welfare.*

*Objective A: Conduct and disseminate research pertinent to the mission of NCSBN.*

**FY 90 Activity**

- |   |  |
|---|--|
| 1. Evaluate the use of the Model Nursing Practice Act and make appropriate revisions.                           | Nursing Practice and Education Committee updates report of findings on incorporation of quality assurance mechanisms by states to 1989 Delegate Assembly. Funded under Nursing Practice and Education Committee.           |
| 2. Gather data regarding the regulatory issues of chemically dependent nurses.                                  | Nursing Practice and Education Committee reports work of subcommittee on Regulatory Models for Chemically Impaired Nurses and seeks funds to implement as proposed. Funded under Nursing Practice and Education Committee. |
| 3. Gather data concerning issues and trends regarding disciplinary actions.                                     | National Council publishes yearly update on the data from the disciplinary data bank. Funded under Disciplinary System.  |
| 4. Monitor the major nursing research projects relative to implications on legal standards of nursing practice. | Staff continue to conduct literature search to identify resources related to legal standards of nursing practice. Funded under Nursing Practice and Education Committee.   |
| 5. Investigate research needs regarding approval of nursing education programs.                                 | —————>   |
| 6. Gather data concerning advanced practice.  | Board of Directors appoints individuals to participate in conference on advanced practice as requested by external organizations. Funded under Public Relations.   |

*Goal V. Advance research that contributes to the public health, safety, and welfare.*

*Objective B: Promote research proposals annually which merit funding.*

---

FY 90 Activity

---

- |  |  |
|--|--|
| 1. Disseminate research at annual convention.  | Communications Committee plans a forum for research sharing at the annual convention. Funded under Communications Committee. |
| 2. Maintain a data base of potential sources of government and private grant funding in areas of interest. | Staff maintain a list of potential sources of government and private grant funds. Funded under Research.                     |

*Goal V. Advance research that contributes to the public health, safety, and welfare.*

*Objective C: Involve Member Boards in research at the jurisdictional level for use and distribution by NCSBN.*

---

FY 90 Activity

---

- |  |  |
|--|--|
| 1. Request and publicize abstracts of completed, ongoing and projected studies by Member Boards. | —————>   |
| 2. Publish research findings in NCSBN publications.  | Staff publish research findings as obtained from Member Boards. Funded under Publications. |

## FY90 BUDGET By Program

### NCLEX

NCLEX Exam Revenue	(\$4,798,082)
NCLEX Processing Costs	3,143,062
Handscoring Fees	(56,000)
Handscoring Costs	49,100
Other NCLEX Related Expense	12,738
Exam Committee	18,653
Admin. of Exam Committee	21,904
Ethnic-Gender Bias Review	57,400
NCLEX Support Costs	66,250

NCLEX Income Subtotal (1,484,975)

### INVESTMENTS

Investment Income	(255,000)	(255,000)
-------------------	-----------	-----------

### MEMBER BOARDS

Member Board Contract Income	(186,000)
Associated Exp. (Legal and Other)	15,500

Member Board Income Subtotal (170,500)

### PUBLICATIONS

Publications Revenue	(88,200)
Publication Expense	75,702

Publications Income Subtotal (12,498)

### DELEGATE ASSEMBLY

Delegate Assembly Income	(66,600)
Delegate Assembly Expense	69,070
Convention Planning Meetings	6,900

Delegate Assembly Subtotal 9,370

**AREA MEETINGS**

Area Meetings Board Travel	9,200	
Area Meetings Staff Travel	4,600	
Area Meetings Expense Subtotal		<b>13,800</b>

**PUBLIC RELATIONS**

Honoraria	(9,000)	
Public Relations Expense	41,900	
Communications Committee	23,100	
Public Relations Expense Subtotal		<b>56,000</b>

**RESEARCH**

Research Fees	42,749	
Job Analysis Committee	35,793	
Other	2,500	
Research Expense Subtotal		<b>81,042</b>

**PRACTICE AND EDUCATION**

Practice and Education Committee	23,922	
Nurse Shortage Subcommittee	1,200	
PN/VN Subcommittee	1,200	
Chem. Dep. Nurse Subcommittee	17,260	
Disciplinary System	7,600	
Practice and Education Subtotal		<b>51,182</b>

**ORGANIZATIONAL**

Board of Directors	72,650	
Search Committee, Exec. Dir.	17,200	
Coordinating Committee	12,460	
Nurse Info. System Committee	17,261	
Nominating Committee	8,839	
Finance Committee	21,450	
By-laws Committee	12,450	
Long Range Planning Committee	19,844	
Fall/Planning Retreat	18,460	
Organizational Expense Subtotal		<b>200,614</b>

**ADMINISTRATION**

Personnel Costs		
Salary and Benefits	1,007,628	
Staff Travel	2,200	
Professional Fees		
Legal	5,000	
Accounting	14,200	
Other	11,300	
Library/Membership	4,500	
Printing/Supplies	40,200	
Insurance	43,500	
Miscellaneous Expense	500	
Administrative Expense Subtotal		<b>1,129,028</b>

**OCCUPANCY**

Rent/Utilities	182,555	
Electronic Mail	9,520	
Telephone	22,000	
Postage	28,000	
Equipment Maintenance/Rental	16,000	
Computer Maintenance/Rental	13,200	
Depreciation	93,380	
Occupancy Expense Subtotal		<b>364,655</b>

---

**S U M M A R Y**


---

TOTAL REVENUE		<b>(\$5,458,882)</b>
TOTAL EXPENSE		<b>\$5,441,599</b>
(REVENUE) OVER EXPENSE		<b>(\$17,283)</b>
DESIGNATED FUND ADJUSTMENTS		
NACEP		<b>\$14,620</b>
CAT		<b>\$3,072</b>

Note: Revenue is indicated by ( )  
Program Totals are in bold

## **Annual Report of the NCSBN Data Center**

This report provides an overview of CTB/McGraw-Hill's activities in the NCSBN Data Center during the past year and covers the NCLEX-RN 788, the NCLEX-PN 088, the NCLEX-RN 289, and the NCLEX-PN 489 examinations. The NCSBN Data Center efforts have been concentrated this year on providing additional support and information to all Member Boards.

### **Applications Processing**

The Data center shipped a total of 255,000 application packets to boards during the fall 1988 and spring 1989 send-out periods. The four NCLEX examinations covered in this report encompassed 156,410 applications processed to date and represents an increase of 2.8% over last year's 151,989. An additional 4,544 applications were returned to candidates for errors or receipt after the deadline, or too early.

A summary of applications processed is included on the following page.

### **Program Code Corrections**

A maximum of thirty-nine boards, for any one examination, sent in program code corrections and/or changes in education or repeat status for a total of 2,661 candidates. This is 854 candidate changes less than 1988's 3,515 changes.

### **Telephone Communication**

The Data Center responded to over 1,260 telephone calls during the year; most of these were regarding candidate application receipt status.

**Summary of Applications Processed**

NCLEX-RN 788; NCLEX-PN 088; NCLEX-RN 298; NCLEX-RN 489 (TO DATE)

APPLICATIONS PROCESSED:	788	088	289	489
Excluding Tape and Late Applications				19,078*
Including Tape and Late Applications	70,045	29,186	38,101	
APPLICATION RETURNS:	1,365	1,719	1,034	426*
CANDIDATE CODE CORRECTIONS				
No. of Candidates	782	733	532	614
% of Direct Apps	1.7%	3.3%	2.6%	4.3%
No. of Boards	35	36	39	34

\* = to date



# Annual Report of the Test Service 1989

## Introduction

This report provides a summary of CTB/McGraw-Hill's activities with the National Council Licensure Examinations from July 1988 through June 1989. During this time, the CTB/McGraw-Hill NCLEX project staff members have provided support for the following major phases of the NCLEX program:

## Examination Development

- developing a valid and reliable test-item pool that accurately measures entry-level proficiency in the registered and practical (vocational) nursing professions
- refining item development techniques to ensure that all test items measure the performance of job related nursing skills identified in the test plan rather than the simple recall of information
- exploring item construction techniques with a focus toward developing items at a targeted level of difficulty
- developing and field testing of 860 additional RN items to strengthen the RN item bank in preparation for the possibility of Computer Adaptive Testing
- working with the National Council Examination Committee and staff toward the revision of the current PN Test Plan and the development of the PN item bank to address changes in PN practice

## Examination Administration, Scoring, and Reporting

- continuing to focus on the timely reporting of results
- continuing to work with the Administration of Examination Committee and National Council staff to monitor all shipping and security procedures and to modify procedures as necessary to ensure the security of the examination materials
- modifying and refining all score reports and the the NCLEX Summary Profiles in response to the Delegate Assembly's direction to implement a PASS/FAIL reporting system and in response to the revised RN Test Plan
- assisting the National Council in providing information to the Member Boards about changes in the score reports as a result of the implementation of PASS/FAIL scoring
- working with the National Council staff to refine the design of the Candidate Diagnostic Profile

### **Research and Technical Support**

- providing technical support in all areas of research, including the monitoring of examination statistics, the monitoring of passing standards, and the performance of special research studies
- exploring new techniques to detect possible ethnic or gender bias in test items by refining existing statistical procedures for implementation with small ethnic groups
- providing measurement support for the Committee for Special Projects' work in designing the Computer Adaptive Testing field test

In addition to supporting these major phases of the NCLEX program, CTB project staff members have also responded in a timely and effective way to all requests from the National Council and its Member Boards for additional services and information.

### **Examination Development**

#### **Item Writing**

A major focus of the CTB/McGraw-Hill test development staff is the coordination, training, and support of item writers in the development of NCLEX test items. CTB/McGraw-Hill has continued to work with the National Council in an effort to achieve a fair ethnic and geographic representation within the item-writing groups. Extensive item writer training and interactive support has been provided by CTB's Content Director, Dr. Anne Spanier, CTB's nursing consultant staff, and CTB's editorial staff as item writers worked with the newly defined areas of the RN test plan during item writer conferences. Item development has been increased to address the needs identified with the transition to a new test plan. Also, new item development methods were implemented to address the need for items targeted to a particular difficulty level and content area in supplementing the pool for computer adaptive testing.

The existing item development and review procedures for both the NCLEX-PN and the NCLEX-RN item pools continue to ensure the quality of all test items. The interactive process between nursing professionals and CTB's test development staff ensures that each test item measures a knowledge, skill, or ability associated with current entry-level nursing practice. The knowledge, skills, and abilities statements written by the Examination Committee and CTB nursing consultant staff have been extremely helpful in guiding the writers in the appropriate content direction.

#### **Item-Writing Conferences**

Three RN Item-Writing Conferences and one RN/CAT Item-Writing Conference were held from July 1, 1988, through June 30, 1989. All participants were sent pre-conference exercises, provided as an introduction to CTB's item development process. CTB nursing consultants and editorial staff carefully reviewed the sample items written by each item writer and made suggestions regarding the content and structure of the case situations and test items. This feedback given before the conference is intended to provide specific information about item construction, to introduce the writer to the interactive process with CTB's test development staff, and to help the writers feel comfortable with the writing process.

An RN/CAT Item-Writing Conference was held July 18-22, 1988, in Monterey, California. Sixteen writers were identified by the National Council to participate in RN/CAT item development. These writers represented Kentucky, South Carolina, Delaware, North Carolina, Kansas, Louisiana, Georgia, Missouri, Texas, Indiana, Massachusetts, Maryland, and West Virginia. Writers focused on the production of test

items for the 1989 CAT item field testing. Three hundred ninety-eight (398) items were created by item writers and then reviewed by CTB nursing consultants. (The first RN/CAT Item-Writing Conference was held in May 1988. Three hundred eighty-nine (389) items were created.)

The RN Item-Writing Conference held July 25-29, 1988, in Monterey, California, included 16 writers identified by the National Council to participate in RN item development. The writers represented Alabama, Massachusetts, Arizona, Georgia, Texas, Indiana, New Jersey, Idaho, North Dakota, Maryland, Florida, Louisiana, Oklahoma, and Kentucky. The 16 writers created 429 items.

An RN Item-Writing Conference was also held on January 16-20, 1989, in Monterey, California. The 14 participants selected by the National Council represented California, Alaska, Georgia, Nebraska, Illinois, and West Virginia. A total of 294 items were written.

Writers are currently being selected for the June 26-30, 1989, RN Item-Writing Conference, to be held in Monterey, California. Information about this conference will be provided in the 1989 Annual Report.

The next PN Item Writing conference will be held on August 14-18, 1989. It will be described in next year's Annual Report.

#### **Additional Item-Writing Activities**

Solicitation for mail-in test items was implemented in 1988 to address the specific needs of the Computer Adaptive Testing program. Fourteen former writers created over 300 RN/CAT items on a mail-in basis. A CTB staff member was available for each writer during the writing process for questions about the test plan, the writing process, and item validation. Security procedures approved by the Administration of Examination Committee were followed. These items received the usual rigorous content and editorial reviews and were presented to the Panel of Content Experts in October 1988.

#### **Panels of Content Experts**

The Panel of Content Experts review is coordinated by CTB to ensure that all items are developed according to test plan specifications, that they are as free as possible of potential bias and clueing, that they have one and only one correct response (documented in two standard nursing textbooks), and that they are an accurate reflection of current, entry-level practice. During the July 1988 - June 1989 period, there were four Panel of Content Experts conferences: two RN, one CAT/RN and one PN.

#### **RN Panel of Content Experts**

A Panel of Content Experts Conference was held on September 12-16, 1988, in Monterey, California, for the review of NCLEX-RN and CAT/RN test items. The participants selected by the National Council represented Nebraska, Georgia, New Jersey, California, Florida, North Dakota, Alaska, Illinois, Maine, Arizona, Hawaii, and Wyoming. A total of 632 CAT/RN items were reviewed. Twelve items were deleted during the review process; 620 items were approved for use as future experimental items.

A Panel of Content Experts Conference was held on March 5-10, 1989, in Monterey, California, for the review of NCLEX-RN test items. The participants selected by the National Council represented Indiana, Minnesota, Idaho, Kentucky, Louisiana, Oregon, Massachusetts, and California. A total of 441 items were reviewed. Twenty-eight items were deleted during the review process; 413 items were approved for use as future experimental items.

#### **RN/CAT Panel of Content Experts**

A special panel of nurse educators was convened by CTB/McGraw-Hill to review the CAT items prior to the PCE. All items were reviewed for accuracy and application to current practice. The RN/CAT Panel of Content Experts Conference was convened on October 19-26, 1988, in Monterey, California. Seventeen participants representing Hawaii, New Jersey, Florida, Mississippi, Texas, Michigan, South Carolina, Georgia, Maine, Kentucky, Nebraska, Connecticut, and Illinois were selected by the National Council. A total of 873 items were reviewed. Twenty-nine items were deleted during review; 844 items were approved for use as future experimental items.

#### **PN Panel of Content Experts**

A Panel of Content Experts Conference was held on December 5-9, 1988, in Monterey, California, for the review of NCLEX-PN test items. The 15 participants selected by the National Council represented Missouri, Washington, Colorado, Ohio, California, Alabama, Wisconsin, Virginia, and Pennsylvania. A total of 530 items were reviewed. Twenty items were deleted during the review process; 510 items were approved for use as future experimental items.

#### **Continuing Education Credit**

Item writers are each awarded 37 contact hours of continuing Education credit and Panel of Content Experts' members are each awarded 41.5 contact hours of Continuing Education credit for their participation in the conferences.

#### **Member Board Review of Experimental Items**

CTB/McGraw-Hill staff completed a review of information provided by Member Boards in their 1988 review of experimental items. Items designated by Member Boards as not consistent with entry-level practice were submitted to the Panel of Content Experts for review. Items designated as not consistent with a state nurse practice act were submitted with documentation to the National Council for final review.

During the last Member Board review of experimental items, PN and RN items were reviewed at the same time. Three hundred sixty (360) PN experimental items and eight hundred sixty-four (864) RN experimental items were available for review during the January - February 1989 time frame. A total of fourteen Member Boards participated in this review. One Member Board reviewed RN experimental items only; three Member Boards reviewed PN experimental items only; and ten Member Boards reviewed both RN and PN items. RN items identified as not consistent with entry-level practice were submitted to the RN Panel of Content Experts which met in March 1989. PN items identified as not consistent with entry-level practice will be submitted to the PN Panel of Content Experts scheduled to meet in December 1989. The items designated as not consistent with a state nurse practice act were submitted with documentation to the National Council for final review on March 1, 1989, and were reviewed by the Examination Committee on March 19-23, 1989.

CTB/McGraw-Hill continues to closely monitor the security procedures for review drafts and has refined the review draft packaging methods to facilitate Member Boards' inventorying procedures.

#### **Item Bank Assessment**

CTB/McGraw-Hill completed its annual assessment and update of the RN and PN item pools in December, 1988. A tally of all items in the pool according to difficulty and discrimination indices was provided to the National Council. A computer tape of the statistics of all usable items and a tape of the corresponding items' text were provided to the National Council.

### **Examination Construction**

The two Registered Nursing examinations (NCLEX-RN 788 and NCLEX-RN 289) and the two Practical Nursing examinations (NCLEX-PN 088 and NCLEX-PN 489) constructed for use this past year were developed according to the Registered Nursing and Practical Nursing test plans approved by the Delegate Assembly and the test construction guidelines established by the Examination Committee. The content blueprints (confidential directions) for each examination were presented to the Examination Committee for review and, upon the Committee's approval, the examinations were developed by CTB development and research staff for final review by the Examination Committee. The examinations were constructed to be equivalent to previous forms of Registered Nursing and Practical Nursing examinations from both a content and a statistical perspective and were reviewed by CTB's nursing consultant staff, editorial staff, and the Examination Committee to ensure that all items met the established criteria.

### **Examination Committee Meetings**

CTB/McGraw-Hill staff participated in the four regularly scheduled Examination Committee meetings and worked in cooperation with committee members to ensure the efficient review of all examination materials, including the newly developed CAT/RN items.

CTB/McGraw-Hill nursing consultants and test development staff provided information as requested and provided summary reports on all committee-related activities. CTB/McGraw-Hill technical coordinators presented research reports analyzing results of the two Registered Nursing examinations and the two Practical Nursing examinations. In addition, Person-Fit reports, Ethnicity/Gender reports, results of the Context Effects Study and a special report on Recommended Procedures for Minimizing Potential Bias were presented.

## **EXAMINATION ADMINISTRATION, SCORING, AND REPORTING**

### **Examination Administration**

Two Registered Nursing and two Practical (Vocational) Nursing examinations were administered during the past year. The NCLEX-RN 788 was administered to 68,458 candidates and the NCLEX-RN 289 examination was administered to 36,786 candidates.

The NCLEX-PN 088 examination was administered to 27,524 candidates. The exact number of candidates taking NCLEX-PN 489 was not available when this report was prepared. (NCLEX-PN 488 was administered to 16,980 candidates. That figure was not available at the writing of the 1988 Annual Report.)

### **Examination Materials Retrieval/Scoring**

All examination materials were collected under secure conditions and accounted for. Candidate information, test materials, and late applications were checked by the CTB scoring staff for completeness and accuracy, and test materials were scanned.

The passing scores were set in cooperation with the National Council according to the established standard of entry-level proficiency, and all score reports were shipped on or before the scheduled date.

CTB/McGraw-Hill staff continue to provide additional services by automatically handscoring all examinations within a particular range of the passing score. Approximately 9,913 examination booklets were handscored during the verification process for NCLEX-RN 788; 2,010 examination booklets were handscored for NCLEX-PN 088; and 6,096 examination booklets were handscored for NCLEX-RN 289. At the time this report was written, information regarding the number of examination booklets verified for NCLEX- PN 489

was not available. This information will be included in the 1990 Annual Report. CTB/McGraw-Hill also reviewed all abnormal candidate markings, updated candidate information that was in error, and provided a scoring tracking record to each Member Board to summarize key dates in the scoring cycle and details of incomplete, duplicate, or inaccurate candidate data.

#### **NCLEX-PN 088 Scoring Error**

An error in scoring occurred during the processing of the NCLEX-PN 088 examination. Two items were deleted from the scoring of this examination because of negative point bi-serials. When item deletions occur, examinations must be rescored and the master tape updated. For two jurisdictions, the updating of the master tape did not occur. The result was that nine candidates from one Member Board were incorrectly reported as passing when they had actually failed. The National Council's Board of Directors approved the administration of an emergency NCLEX-PN examination to these nine candidates on January 12, 1989.

CTB/McGraw-Hill reimbursed candidates for all expenses associated with retesting, and examination results were provided to the Missouri Board within two days.

Following the error, CTB/McGraw-Hill staff worked to modify procedures regarding the deletion of items during scoring to ensure that the implementation of additional procedures necessary due to item deletions are not jeopardized by the short scoring time frame.

#### **Handscoring**

CTB responded to 83 handscoring requests for NCLEX-RN 288, 63 handscoring requests for NCLEX-RN DP288, and 40 requests for NCLEX-PN 488 (these figures were not available in the 1988 Annual Report). Three hundred twenty-four (324) handscoring requests were received for the NCLEX-RN 788 examination and 51 handscoring requests were received for the NCLEX-PN 088 examination. At the time this report was written, no handscoring requests had yet been received for NCLEX-RN 289 or NCLEX-PN 489. All scores remain as originally reported, and no scoring errors were revealed during the process.

#### **Candidate Brochures**

The 1988-89 expanded and revised brochures were printed by CTB/McGraw-Hill and distributed for the NCLEX-PN 088 and 489 examination administrations and the NCLEX-RN 289 and 789 examination administrations. CTB/McGraw-Hill staff worked in cooperation with the Administration of Examination Committee to ensure that the new brochures addressed the needs of the candidates and the Member Boards.

#### **Administration of Examination Committee**

Two CTB/McGraw-Hill staff members attended the October-November 1988 Administration of Examination Committee Meeting held in Chicago, Illinois, to present information and answer questions about the administration of NCLEX-RN 788.

CTB/McGraw-Hill staff also attended the March 13-15, 1989, Administration of Examination Committee Meeting held in Chicago, Illinois, to present information and answer questions about the administration of NCLEX-PN 088 and to present preliminary information about NCLEX-RN 289.

## RESEARCH AND TECHNICAL SUPPORT

The research staff has continued to provide the National Council with the information needed to monitor the technical quality of each examination. Technical reports have been submitted to the Council for NCLEX-PN 488, NCLEX-RN 788, NCLEX-PN 088, and NCLEX-RN 289. In each technical report, CTB/McGraw-Hill test development and research staff provided detailed descriptions of the development and analyses carried out for each examination. Tables of historical examination statistics were also included.

The CTB/McGraw-Hill research staff has also conducted the following research studies during the past year:

### Person-Fit Analysis

A person-fit analysis was conducted on the NCLEX RN 288, PN 488, RN 788, and PN 088 examinations. Reports summarizing these analyses and the results that were obtained were submitted to the National Council throughout 1988.

### Ethnicity/Gender Analysis

Analyses were performed during the past year to detect differentially difficult test items among specific ethnic or gender groups. Summary reports describing these analyses for the NCLEX-RN 288, NCLEX-PN 488, NCLEX-RN 788, and NCLEX-PN 088 examinations were submitted to the National Council after each examination administration.

The NCLEX-PN 488, NCLEX-RN 788, and NCLEX-PN 088 reports summarized the extensive research CTB/McGraw-Hill has conducted on determining minimum required ethnic sample sizes and minimum required competence stratification levels for the Mantel-Haenszel techniques used to evaluate NCLEX items for bias. This work is new in the field and should serve as a useful basis for other ethnicity/gender bias work to be done with small sample sizes.

Additional Ethnicity/Gender research recently completed or in progress at the writing of this report include:

- A study of the distribution of curriculum effects and potential ethnicity/curriculum bias across the Test Plan categories in NCLEX-RN 788.
- A complementary study assessing these effects in the NCLEX PN 088 exam.
- Work to validate a Mantel-Haenszel alpha criterion level that best discriminates potentially biased items from unbiased items.
- Compilation of ethnic group versus reference group response rates for correct answers and distractors of the NCLEX-PN 088 and NCLEX-RN 289 items. This information was presented to the Examination Committee during their March 1989 and June 1989 meetings.

### Context Effects Study

A study was conducted to determine whether the placement of an item in a case structure or as an individual item had any effect on the performance of the item. Results of the first part of this two-part study were submitted to the National Council in May 1988; results of the second part were submitted in March 1989.

**RN Dimensionality Study**

An assessment of whether there is "significant" dimensionality in the RN exam was initiated using two distinct methodologies. Results were presented to the National Council in May 1989.

**Recommendation for a Bias Review Procedure**

A recommendation for a comprehensive Bias Review Procedure was prepared and submitted to the National Council Examination Committee and staff for review in March 1989.

**Recommendation for a Standard-Setting Procedure**

A recommendation for a comprehensive Standard-Setting Procedure was prepared and submitted to the National Council Examination Committee and staff for review in October 1988.

**Stability of b-Values and Fit Statistics**

A study of the effect of tryout item placement on the item difficulty parameter as well as the item fit statistics was undertaken at the end of 1988. The results were presented in a report at the June 1989 Examination Committee meeting.

**Annual CTB/McGraw-Hill - National Council Research Meeting**

CTB/McGraw-Hill has also continued to work with the National Council to discuss the results of current research studies and to identify future research directions for the NCLEX. Members of CTB's research staff met with representatives of the National Council at the annual meeting of the American Educational Research Association, held in March 1989, in San Francisco, California, to discuss these issues.

**Committee for Special Projects**

CTB/McGraw-Hill staff participated in the November 1988 meeting of the Committee for Special Projects by providing information on dimensionality and other factors related to computer testing. CTB hosted the meeting of the Committee for Special Projects in Monterey, California, on February 6-8, 1989. CTB offered the expertise of two psychometricians with computer testing background. CTB also demonstrated the software to be used for the computer administered Psychiatric Technician examination to be installed by CTB in 1990 for the California Board of Vocational Nurses and Psychiatric Technicians.

CTB also hosted the June 1989 meeting of the Committee on Special Projects in Monterey, California.

**Delegate Assembly**

Nine staff members from CTB/McGraw-Hill attended the Delegate Assembly in Des Moines, Iowa, from August 16-20, 1988. Staff members attended all Delegate Assembly meetings and responded to questions as requested. Patrick Kelly, McGraw-Hill's Security Manager and Karen Selikson, NCLEX Associate Project Director, held a special security forum open to all delegates and committee members who had questions regarding NCLEX security issues.

**National Council Board of Directors Meetings**

CTB/McGraw-Hill staff National Accounts Manager and Technical Coordinator attended the November 1988 National Council Board of Directors Meeting in Chicago, Illinois. A research report was presented comparing the standard setting procedure used on NCLEX examinations with other standard setting methods currently available.



CTB National Accounts Manager attended the April 1989 Board of Directors meeting in Chicago, Illinois, to present the intent and scope of CTB's proposal for a contract extension and to provide information and respond to questions about test service activities during the quarter.

#### **Quarterly Contract Update Meeting**

National Council and CTB/McGraw-Hill staff met on August 19, 1988, during the Delegate Assembly for the 1988 third quarter contract evaluation meeting. Issues related to the NCLEX contract were discussed. National Council and CTB staff participated in the 1988 fourth quarter contract evaluation meeting via conference call on November 15, 1988. Issues relating to the NCLEX contract were discussed.

#### **Annual Contract Evaluation Meeting**

CTB/McGraw-Hill's NCLEX managers met with the National Council staff and Examination Committee chairperson in Monterey, California, on March 22, 1989, for the annual evaluation of CTB/McGraw-Hill's services. Issues and procedures relating to every aspect of the contract were discussed. Several ideas for procedure modifications were presented.

National Council and CTB/McGraw-Hill staff participated in the 1989 second quarter contract evaluation meeting via conference call in June 1989. Issues relating to the NCLEX contract were discussed.

#### **Area Meetings**

The CTB/McGraw-Hill National Accounts Manager and/or NCLEX Project Director attended all March/April 1989 Area Meetings. In addition to presenting an overview of CTB activities, CTB participated in the Administration of Examination Committee Special Sessions, where an overview of administrative procedures was presented and issues related to the administration of the NCLEX examination were discussed.

#### **Education Conferences for Faculty**

CTB/McGraw-Hill participated in a September 1988 educational conference sponsored by a Member Board. NCLEX Content Director and NCLEX Project Director for CTB/McGraw-Hill presented information about NCLEX item development and the Summary Profiles.

#### **NCLEX Invitational Conference**

CTB/McGraw-Hill's Third NCLEX Invitational Conference on February 2-3, 1989, was attended by approximately 90 representatives from 29 Member Boards. CTB/McGraw-Hill was also pleased to welcome several educators to this year's Invitational Conference. Post-conference evaluations indicate the conference was successful in conveying critical information about the development, production, and scoring and reporting of the NCLEX. CTB appreciated the valuable participation of two National Council staff members in this event.

#### **SPECIAL SERVICES**

CTB/McGraw-Hill responded to requests from five Member Boards for special analyses of suspected cheating; from five Member Boards for examination reviews; from one Member Board for a candidate review of an examination; from eight Member Boards for special data requests; and from three Member Boards regarding examination passing statistics.

CTB/McGraw-Hill also provided a summary of procedures used during item development, editing and reviewing to eliminate potential bias in NCLEX to be provided to a regulatory board who requested this information.

CTB/McGraw-Hill staff responded to requests from the National Council for special data sorts; for preliminary examination statistics; and for cost estimates for a variety of services, including a third RN administration, an RN and PN Dimensionality Study; and supplemental Ethnicity/Gender Bias analyses.

At the request of the National Council's Examination Committee, CTB's Content Director participated in a Member Board's review of RN experimental items in February 1989 to discuss new item development.

#### **The NCLEX Summary Profiles**

The NCLEX Summary Profiles service continues to provide important information to subscribing nursing programs. The summary reports have been sent to approximately 610 subscribing Registered Nursing programs after each of the Registered Nursing examination administrations during the past year and to over 107 subscribing Practical Nursing programs after each of the Practical Nursing examination administrations.

CTB/McGraw-Hill test development and research staff and National Council staff have completed Summary Profiles modifications that were made as a result of the Delegate Assembly's resolution to provide candidate scores in a PASS/FAIL framework. Member Board received special informational packets describing the modifications in January 1989.

In February 1989, a letter was mailed to all RN subscribers, explaining that due to the new PASS/FAIL method of reporting results, school rankings are now calculated based on percentage of candidates passing the NCLEX in each subscriber's program rather than on mean scale scores and this increases the chances of shared rankings.

In May 1989, a Summary Profiles brochure reflecting the current RN Test Plan and changes resulting from the transition to PASS/FAIL was be mailed to nursing programs.

CTB/McGraw-Hill staff members will be available at the National League for Nursing Convention in Seattle, Washington, June 1989. Brochures, sample Summary Profiles and other information will be provided to those attending the conference.

# **Report from The Psychological Corporation for the Nurse Aide Competency Evaluation Program (NACEP)**

## **Introduction**

This report provides a summary of The Psychological Corporation's activities with the National Council's Nurse Aide Competency Evaluation Program (NACEP) since November 1988.

## **Launch Meeting and License Agreement**

Representatives of the National Council met November 16-17, 1988, at The Psychological Corporation to discuss marketing strategies, implementation plans, and contract issues.

In January 1989, a License Agreement between the National Council of State Boards of Nursing and The Psychological Corporation was signed.

## **Evaluation Blueprint**

An initial step in developing NACEP was the preparation of a blueprint to guide the selection of content and skills to be evaluated. The evaluation blueprint was approved by the NCSBN Board on December 14, 1988, and has been copyrighted and published.

## **Item Writing**

The Psychological Corporation coordinates the training and support of item writers in the development of NACEP evaluation items. The NACEP Evaluation Blueprint provides a basis for the content and scope of the items.

Resumes were received from the National Council offices, individual state Boards of Nursing, and interested persons. Only licensed nurses with experience in long-term care and/or the instruction or supervision of nurse aides were selected.

Three item-writing workshops were conducted. All participants were sent pre-workshop packets, including a practice assignment. Presenters at each workshop gave an overview of the NACEP program and an explanation of how a valid certification test is constructed. Principles of item writing were introduced, practice exercises completed, and individual assignments made. Items were written by participants after they returned home from the workshops.

The item-writing workshops were held in Baltimore, Maryland (January 31, 1989), Denver, Colorado (February 1, 1989), and Atlanta, Georgia (February 20, 1989). As a result, over 1400 NACEP items were submitted by 51 item writers representing 27 states including Alabama, Arizona, Arkansas, Colorado, Connecticut, Delaware, Florida, Georgia, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Missouri, Montana, Nevada, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, Texas, and Virginia.

**Item Review**

NACEP evaluation items submitted to The Psychological Corporation were reviewed by test development editors for proper format, grammar, punctuation, reading level, and bias.

Item Review Meetings were convened in Baltimore, Maryland (February 28-March 1, 1989), Chicago, Illinois (February 28-March 1, 1989), San Francisco, California (March 2-3, 1989), and San Antonio, Texas (March 7-8, 1989); items were reviewed by 21 content experts representing 19 states including Alaska, California, Colorado, Connecticut, Delaware, Idaho, Iowa, Maine, Minnesota, Missouri, Nebraska, New Mexico, North Carolina, Ohio, Oregon, Rhode Island, Texas, Washington, and West Virginia.

Nurses from diverse areas of long-term care service reviewed NACEP evaluation items to determine if an item assessed relevant knowledge, had only one correct answer, and was clear and concise. Based on these meetings, items were revised, accepted as written, or excluded from further consideration.

**Field Testing-Written**

Field testing allows for the collection of data pertaining to the psychometric properties of the items before they are assembled into the final test forms. A research field study prospectus and invitation for participation was mailed to over 1000 nursing homes and training facilities throughout the country.

During the month of April, nurse aides from 268 nursing homes and training facilities were evaluated in 96 test centers located in 32 states. All four National Council Areas were represented in the field test.

Twelve forms, each containing 75 items, were assembled to match the NACEP Evaluation Blueprint. Each evaluation form was a scannable booklet designed to be similar to the final evaluation.

Acceptable items from the field test will be placed into an item pool from which the final evaluation forms will be assembled.

**Practice Test**

In addition to the final written evaluation forms, a generic nurse aide written practice test will be published in June, 1989. This Practice Test will contain items of similar content to those on the actual NACEP evaluation.

The request for a practice test was a result of our conversations and proposal to the state of Alabama. The reaction from other states has been enthusiastic. The Practice Test will allow nursing homes and training programs the opportunity to evaluate their aides prior to the real thing, relieve test anxiety, and help make the evaluation a positive experience.

Each package of Nurse Aide Practice Tests contains ten individual tests and one directions manual. The manual describes how to administer the Practice Test and includes scoring keys. The cost per package is \$30.00.

**Manual Skills**

A Manual Skills Committee was formed to assist in the creation of the manual skills evaluation. This committee is made up of five (5) individuals who represent five (5) states including Alabama, Arizona, Indiana, Nevada, and New York.

The committee met in San Antonio, Texas (March 7-8, 1989) at The Psychological Corporation. Thirty tasks were included in the evaluation and rater criteria were developed. To train raters in the scoring criteria, The Psychological Corporation has produced a videotape which includes demonstrations of all thirty tasks.

A field test of the scoring criteria and tasks was completed in April, 1989. Eleven test centers, located in nine (9) states, were established for the national tryout. The Manual Skills Committee met again May 11-12, 1989, to review the results.

**Systems Development and Support**

The implementation of the NACEP Program with its requirement for application processing, mailing, scanning, scoring and reporting of results has been the responsibility of the Systems Development and Scoring Services Groups. New programs to support the processing of all NACEP application and evaluation materials have been developed.

The scoring system has been designed to be as flexible as possible to meet the specialized needs of the various states. Score reports have been developed for individual nurse aides, state agency training programs, and long-term care facilities. A large number of optional reports are available to states that want to examine candidate performance by selected demographic variables.

**Operations Development and Support**

The Psychological Corporation has established a special NACEP operational support group to deal exclusively with applicants and the establishment of test centers. The operational support group is comprised of experienced individuals who are responsible for responding to inquiries from applicants, nursing homes, and training programs. In addition, this group establishes written, oral, and manual skills test centers.

**Sales and Marketing**

An extensive sales and marketing report has been submitted on a regular basis. Accompanying this report is a specific state-by-state summary. This list provides information on the number of in-person calls made to each state, presentations made, proposals submitted, and the status of that state regarding the NACEP program. As of June 2, 1989, eight states and one territory have selected NACEP as the sole provider; and five states have decided to allow the use of more than one evaluation within their jurisdiction. The remainder of the sales report includes information on regional meetings, conference exhibits, and promotional mailings.

**State Implementation**

Each state is meeting the challenge of the Nursing Home Reform Act in a different way. For example, in some states the candidates pay the test service; in others the state agency is billed. In

some states the Board of Nursing is responsible for the program; in others it is a consortia of state agencies. Because of this situation, The Psychological Corporation is emphasizing its flexibility in working with and developing state programs.

To meet this challenge of state implementation, the Large Scale Assessment Group of The Psychological Corporation works with each state individually. After the commitment is made to use NACEP, this group develops a specialized management plan to meet the unique needs of the state. One individual is assigned as the primary liaison for the states.

#### Looking Ahead

The Psychological Corporation will continue to analyze field test statistics and to assemble the final written evaluation forms to be reviewed by the NACEP committee in San Antonio (May 22-24, 1989). A standard-setting panel will convene (June 6-7, 1989) to determine a recommended cut-score for the written evaluation. The first date of testing is scheduled for July 22, 1989. The Psychological Corporation will host a breakfast at the 1989 Delegate Assembly on Thursday, August 3, 1989.

#### NURSE AIDE COMPETENCY EVALUATION PROGRAM SUMMARY OF STATE SALES AND MARKETING ACTIVITIES (As of June 2, 1989)

<u>STATE</u>	<u>NUMBER OF CALLS*</u>	<u>PRESENTATIONS</u>	<u>PROPOSAL SUBMITTED***</u>	<u>STATUS OF PROPOSALS**</u>
ALABAMA	4	Yes	Yes	NACEP
ALASKA	1	Yes	No	Undecided
ARIZONA	5	Yes	Yes	Undecided
ARKANSAS	4	No	Yes	Undecided
CALIFORNIA	2	No	No	Other
COLORADO	2	Yes	No	Undecided
CONNECTICUT	2	Yes	Yes	Other
DELAWARE	1	No	Yes	Undecided
FLORIDA	1	No	No	Undecided
GEORGIA	1	Yes	No	Undecided
HAWAII	1	Yes	Yes	Undecided
IDAHO	2	Yes	No	NACEP
ILLINOIS	1	No	Yes	Undecided
INDIANA	3	Yes	No	M.P.
IOWA	1	No	No	Other
KANSAS	0	No	No	Other
KENTUCKY	2	Yes	Yes	Other
LOUISIANA	2	Yes	Yes	Undecided
MAINE	2	Yes	No	Undecided
MARYLAND	1	No	No	Undecided
MASSACHUSETTS	2	No	Yes	Undecided
MICHIGAN	2	Yes	No	Undecided
MINNESOTA	1	Yes	Yes	NACEP
MISSISSIPPI	3	Yes	Yes	M. P.

MISSOURI	1	No	Yes	Other
MONTANA	2	Yes	No	NACEP
NEBRASKA	1	No	Yes	Other
NEVADA	2	Yes	Yes	NACEP
NEW HAMPSHIRE	2	Yes	No	Undecided
NEW JERSEY	0	No	No	Other
NEW MEXICO	3	No	Yes	Undecided
NEW YORK	1	No	Yes	Other
NORTH CAROLINA	6	Yes	No	M. P.
NORTH DAKOTA	3	Yes	No	Undecided
OHIO	2	Yes	Yes	Undecided
OKLAHOMA	1	No	Yes	Other
OREGON	3	No	No	Undecided
PENNSYLVANIA	0	No	No	Other
RHODE ISLAND	1	No	No	Undecided
SOUTH CAROLINA	2	Yes	Yes	NACEP
SOUTH DAKOTA	2	Yes	No	NACEP
TENNESSEE	2	No	Yes	Undecided
TEXAS	0	No	No	Other
UTAH	1	No	No	Other
VERMONT	1	Yes	No	Undecided
VIRGINIA	1	No	Yes	Undecided
WASHINGTON	3	No	No	Undecided
WEST VIRGINIA	2	No	No	Undecided
WISCONSIN	1	No	No	M. P.
WYOMING	3	Yes	Yes	NACEP

Other

DISTRICT OF COLUMBIA	1	No	No	Undecided
VIRGIN ISLANDS	1	Yes	No	NACEP

\*Sales calls made in person. Does not reflect telephone calls or other kinds of contact. A sales call typically requires 3 to 4 telephone calls to schedule. All states have been contacted at least once.

\*\*M. P. means that the state is a multi-provider state and The Psychological Corporation is one of the providers.

\*\*\*All RFPs are answered by unique, customized proposals of approximately 150 pages in length.

## OTHER STATE SALES AND MARKETING ACTIVITY

### Invitational Drive-In Conferences

February 10, 1989, and February 17, 1989. Boston and Washington, D. C.

Participants were from surrounding states. Presented NACEP in a half-day meeting with lunch.

April 24 - 28, 1989. North Carolina Conferences. Goldsboro, Raleigh-Durham, Greensboro, Asheville, Charlotte. Jane Tait and Jinger Lyon presented.

May 9 - 11, 1989. Mississippi conferences. Greenwood, Jackson, Biloxi. Jane Tait and John Walton presented.

### National Council Area Meetings

March 3, 4, 1989 - Anchorage. Jane Tait was in attendance and presented.

April 6, 7, 1989 - New Orleans. Robert Hudson was in attendance and presented.

April 10, 11, 1989 - Lincoln. Sandra Pakes was in attendance and presented.

April 20, 21, 1989 - Atlantic City. Mary Ellen Raab and Bob Norris were in attendance and presented.

### National Clearinghouse on Licensure and Regulation (CLEAR), Regional Conferences

March 2, 3, 1989 - Charleston. Robert Hudson was in attendance and presented.

March 31, April 1, 1989 - Boise. Robert Hudson was in attendance and presented.

### National Exhibits

March 15 - 17, 1989. National Association of Director of Nursing Administrators and Long Term Care (NADONA), Arlington, Virginia. Jane Tait represented The Psychological Corporation, and Barbara Halsey represented the National Council of State Boards of Nursing, Inc.

April 1 - 5, 1989. American College of Health Care Administrators, Honolulu, Hawaii. Jane Tait and Paul Kema represented The Psychological Corporation and Barbara Halsey represented the National Council of State Boards of Nursing, Inc.

June 12 - 14, 1989. National League for Nursing, Inc. Seattle, Washington. Jane Tait will represent The Psychological Corporation and Barbara Halsey will represent the National Council of State Boards of Nursing, Inc.

June 24 - 28, 1989. American Nurses Association. Kansas City, Missouri. Jane Tait will represent The Psychological Corporation and Barbara Halsey will represent the National Council of State Boards of Nursing, Inc.

September 6-9, 1989. National Clearinghouse on Licensure and Regulation (CLEAR). Annual Convention, Indianapolis, Indiana. Jane Tait, Chuck Friedman, and Robert Hudson will attend.

### Other Important Calls/Contacts

December 12, 1988. Department of Health and Human Services, Health Care Financing Administration (HCFA). Jane Tait of The Psychological Corporation and Barbara Halsey of the National Council called on this agency in Baltimore, Maryland.



December 12, 1988. American Red Cross, Washington, D.C. Jane Tait and Barbara Halsey made the call. There have been subsequent calls by Jane Tait.

December 12, 1988. American College of Health Care Administrators, Alexandria, Virginia. Jane Tait, Barbara Halsey, and Jenni Bosma made this call.

December 13, 1988. American Association of Retired Persons (AARP), Washington, D.C. Jane Tait and Barbara Halsey made this call.

December 13, 1988. National Citizens Coalition for Nursing Home Reform, Inc., Washington, D.C. Jane Tait and Barbara Halsey made this call.

December 13, 1988. American Health Care Association, Washington, D.C. Jane Tait and Barbara Halsey were present.

December 14, 1988. American Association of Public Welfare Association, Washington, D.C. Jane Tait and Barbara Halsey made this call.

December 14, 1988. American Association of Homes for the Aging, Washington, D.C. Jane Tait and Barbara Halsey participated in the call.

December 14, 1988. National Association of Gerontological Nurses, Washington, D.C. Jane Tait and Barbara Halsey made the call.

**NACEP Promotion and Advertising Activities**

- o Production of a 12-page, two-color NACEP brochure.
- o Production of 30 transparencies for formal sales presentations. Distributed to the primary and secondary NACEP sales force.
- o Production of a 4-page flyer with a business reply card. Mailed 25,000 pieces in mid-February, 1989. The target population was hospital administrators, directors of nursing, nursing home and long term care administrators and owners, nursing home directors of nursing, and medical directors. In late February, 1989, an additional 12,000 pieces were produced and mailed to members of the National Association of Directors of Nursing, the American Association of Homes for the Aging, the American Association of Community and Junior Colleges, proprietary schools, and vocational/technical schools. Specific telemarketing activities followed.
- o Production of a generic proposal for use in unsolicited (non-RFP) situations.
- o Production of a prototype RFP which was made available to states needing assistance in writing their RFPs.
- o Development of a List of NACEP Services and Price Ranges (Suggested Candidate Fees) for use as a hand-out.
- o Production of the NACEP Evaluation Blueprint. Distributed widely and used as a hand-out at conferences and exhibits.
- o A full-page NACEP advertisement was placed in the Long Term Care Administrator Newsletter, Today's Nursing Home and Contemporary Long Term Care.
- o A full-page advertisement on the NACEP Practice Test was placed in the June issue of The Long Term Care Administrator Newsletter, Today's Nursing Home, Contemporary Long Term Care.
- o Production of a 4-page flyer on the Nurse Aide Practice Test mailed May 15, 1989, to the same 37,000 that received the February mailing described above.

# Report of the Nurse Information System Committee

## Background

The National Nurse Licensee Data Base Committee was established in 1986 by the National Council to study the need for and use of a comprehensive, national nursing information system and, if needed, to determine the steps to take to create the data base for nursing statistics.

The Board of Directors approved a change in the name of the committee to the Nurse Information System (NIS) Committee in January 1989 to more accurately describe the purpose of the project.

The Committee wishes to reiterate that the primary objective of the project is to provide an unduplicated count of nurse licensees nationwide. The data are to be used for aggregate statistical research purposes only. No information specific to individuals will be revealed, and sensitive data elements will be strictly protected under contractual language between the National Council and individual Member Boards. Also, Member Boards will not risk loss of any revenue-producing opportunities due to participation in the national information system as they will retain full control of their data. The National Council will not distribute any state's data unless that state requests the National Council to do so.

A previous pilot study by the Committee verified substantial variation in data collection among state boards of nursing. Therefore, it was not feasible simply to combine all existing Member Board data to arrive at a national nurse information system.

By virtue of their public protection role and their access to nurse licensees, Member Boards are in a unique position to collect data on the nurse population.

The Committee has learned that most Member Boards need financial and technical assistance in order to contribute to a national Nurse Information System. The Committee's recommendation to seek outside funding was approved at the 1988 Delegate Assembly.

The Committee recognizes that, in its early stages, the national Nurse Information System will not be the ideal comprehensive data base. However, it is the hope of the Committee that a well-designed system could serve as a prototype which could eventually result in more states being able to collect data and in greater comparability of data collected for nurses in the United States.

## Activities

The Committee met October 31 - November 1, 1988, conducted a telephone conference call on December 13, 1988, and met again on May 1-2, 1989.

## Current Focus

As conceptualized by the Committee, the primary purpose for establishing a national NIS is to be able to determine as accurately as possible, on an ongoing basis, the number of individuals with active registered nurse (RN) and licensed practical/vocational nurse (LPN/VN) licenses. Currently,

due to individuals holding licenses in multiple states, there is no way to obtain an accurate count of licensed personnel.

The ability to compile an unduplicated count of licensees in both the RN and LPN/VN licensure categories would provide Member Boards assistance in carrying out their mandate to protect the public health, safety, and welfare. An up-to-date NIS would result in the provision of accurate information about the supply of nurses to the Congress, state legislatures, and other groups as they deliberate about policy and funding decisions. The funding of existing nursing education programs, the provision of scholarship and loan funds to nursing students, and decisions relative to the need for additional programs would be based on analyses of accurate information about the supply of nurses in relation to the demand for nurses.

#### Data Elements

The Committee:

1. Identified data elements that need to be collected in order to unduplicate licensee lists provided by individual Member Boards. The data elements are:

- name
- date of birth
- zip code of mailing address
- social security number
- type of license
- license number in reporting jurisdiction
- original license information (type, date, jurisdiction, and number)
- basic nursing education program

2. Determined that once data are provided, several levels of sorting (via computer) would be necessary to provide an unduplicated list. Sort levels are:

Level 1	Name
Level 2	(two of the following three items): date of birth, social security number, original license information (type, date of licensure, jurisdiction, license number)
Level 3	basic nursing education program identifier

3. Determined that mailing address zip code would assist in providing supply information by geographic location.

#### Data Confidentiality

In addition to identifying a basic set of information that would need to be obtained about each nurse in order to identify and delete duplicate entries, the Committee also addressed an issue that is of major concern to Member Boards: confidentiality of the data. In response to this, the Committee is proposing that data only be released in its aggregate form, unless specifically directed to do otherwise by a Member Board. In addition, it is proposing that, when necessary, a contract be negotiated with a Member Board which includes a statement about the confidentiality of the data and the guidelines that need to be followed regarding data release.

### Survey of Member Boards

In December 1988, the Committee surveyed Member Boards to learn about data now collected, method of data storage (e.g., paper, computer, microfilm), and resources needed by states to contribute to a national data collection effort.

The major results of this survey are summarized in Tables 1 through 4 found at the end of this report.

### Plans for Data Collection

Initially, the system will focus on providing an unduplicated count of current nurse licensees nationwide, with periodic updates. Eventually, the system will have the capability to collect and analyze demographic data.

Because Member Boards are unique, the Committee is proposing three different approaches to meet all states' needs depending on the type of data collected by a specific Member Board and whether or not the data are stored on a computer. All three approaches will be available to Member Boards.

The three approaches are summarized as follows:

Approach #1. Designed for use with those Member Boards who currently collect all of the essential data elements and store these in a computer file.

1. Member Board downloads information to a data tape or diskette and sends this to the National Council.
2. National Council adds data to the NIS data base.

Approach #2. Designed for use with those Member Boards who currently collect all or some of the essential data elements, but do not store this information in a computer file.

1. National Council provides Member Board with scannable survey form to be distributed to all licensees at time of license renewal.
2. Member Board returns completed forms to National Council where they are scanned and data added to the NIS data base.

Approach #3. Designed for use with Member Boards who currently collect and maintain a computer file containing some but not all of the essential data elements.

1. Member Board downloads available information to a data tape or diskette and sends this to the National Council.
2. National Council provides Member Board with scannable survey form and customized completion directions for distribution to all licensees at the time of license renewal.
3. Member Board returns completed forms to National Council where they are scanned.

4. Data from data tape/diskette and scanned forms are merged and added to NIS data base.

Subsequently, periodic updates can take place.

#### Securing Outside Funding

Council staff has contacted 19 foundations to determine their interest in reviewing a funding proposal. To date, 15 foundations have responded; one of these indicated a willingness to review a full proposal. The fourteen foundations responding negatively, while citing the project had merit, indicated the unavailability of funds or a lack of congruence between funding goals/priorities and the project.

The Committee has identified potential cost elements and staff will develop a detailed budget for inclusion in a proposal to be submitted to an external funding source. In addition, letters of support for the project will be solicited from a number of sources.

#### **Summary**

Based on the results of a Member Board survey and previous Committee activities, the NIS Committee has identified a series of procedures that will provide data for the establishment of a national Nurse Information System; has identified cost elements that will be the basis for budget preparation; and is continuing to explore outside revenue sources and support for the project. In addition, the Committee has identified mechanisms through which Member Board concerns (including those of data use and confidentiality) can be addressed. The Committee is continuing to explore mechanisms for periodic update of the Nurse Information System data base.

#### **Committee Members and Staff**

	<u>State</u>	<u>Area</u>
Judie Ritter, <i>Chairperson</i>	FL	III
Susan Brank	CARN	I
Vicky Burbach	NE	II
Marie Hilliard	CT	IV
Bertha Mugurdichian	RI	IV

Carolyn Yocom, *Director of Research Services*  
 William Lauf, *Deputy Director for Administrative  
 Support Services*

Table 1. Number of Member Boards Reporting Collection of Specific Data Elements (n = 56).

Data	All Licensees	Some Licensees	No	?
Name	56			
Date of birth	54		1	1
Zip Code	56			
Social Sec. #	46	4	5	1
JD License #	55			1
Type License	55			1
Date of Original Licensure	53	1	1	1
Original State of Licensure	48	2	4	2
Original License #	38	6	9	3
Basic Nsg. Education	55			1

Table 2. Number of Member Boards Reporting Storage of Specific Data Elements in Computer Files (n= 56).

Data	All Licensees	Some Licensees	No	?
Name	45	4	6	1
Date of birth	36	8	11	1
Zip Code	45	4	6	1
Social Sec. #	29	13	13	1
JD License #	45	1	9	1
Type License	47	3	5	1
Date of Original Licensure	27	14	14	1
Original State of Licensure	18	7	30	1
Original License #	17	8	30	1
Basic Nsg. Education	26	12	17	1

Table 3. Number of Member Boards Reporting Access to Computers and/or Software (n = 56).

Hardware/ Software	Have	Will Have Shortly/ Installing
Microcomputers	34	2
Minicomputers	16	
Main Frame Computer	30	
Computer of any type	49	
Data-base entry software	39	1

Table 4. Member Board Need for Resource Assistance In Order To Provide Data Elements (n = 56).

Funds/Resources Needed For:	Yes	No
Printing costs	26	30
Mailing costs	24	32
Personnel (mail/log in)	26	30
Personnel (retrieval)	36	20
Hardware	20	36
Software	25	31
Personnel (data entry)	34	22



# Report of the Committee for Special Projects

## Project Overview

### What is CAT?

Computerized adaptive testing (CAT) is a method of administering examinations based on the established measurement principle that, for any given examinee, certain questions will be more effective than others in revealing his/her competence level. Following this principle, only questions that are appropriate for the examinee's competence level are administered during an adaptive test. Little to no information is gained by administering items that the candidate has an extremely high or low probability of answering correctly.

The items each examinee receives depend on an estimate of his/her competence as determined by his/her responses to all the items answered earlier during the test. Each response elicits more information about the examinee's true ability level, providing an increasingly precise estimate of the examinee's competence, on which subsequent item selection is based.

At some point in a CAT test, the score estimate becomes sufficiently precise to determine with a known degree of confidence, whether or not the candidate possesses the minimum competence necessary to be granted credentials. The CAT examination terminates at this point. CAT should provide a more accurate pass/fail decision than is currently made using the paper-and-pencil NCLEX because it continues to test each candidate until a reliable decision can be made. Paper-and-pencil testing does not permit additional questions to be administered to borderline candidates, thus allowing some ambiguity to exist with respect to the pass/fail decision. The enhanced precision of CAT measurement will allow Member Boards to better protect the public by not passing marginal candidates. The capability of CAT to be administered more often than paper-and-pencil exams should also reduce the need for Member Boards to issue temporary practice permits.

### Overview of Phase I

The major tasks of Phase I were to develop CAT software, investigate the capabilities of the software through pilot testing, investigate nurses' interactions with the software, pursue external funding for the project, and communicate outcomes.

### Results of Phase I

The software successfully delivered CAT-NCLEX examinations to 87 nurses during the pilot testing sessions. The nurses had little to no difficulty in manipulating the computer to take the CAT-NCLEX examinations and reacted very favorably to the testing process.

In fulfilling the main purposes of the pilot study, the results showed that: (1) the National Council could develop software that makes it feasible to deliver appropriate CAT examinations for determining licensure/certification; (2) the number of items needed to make a pass/fail decision using CAT is much less than the number presently administered in the NCLEX and testing time can be significantly reduced (over 50% of the examinees finished in less than three hours); and (3) every nurse participating in the pilot was able to successfully use the software to take the CAT test.

Moreover, the reactions of nurses to the experience of taking a CAT test were almost uniformly positive. Given these results, the 1988 Delegate Assembly voted to continue the project into Phase II.

#### **Overview of Phase II**

The objectives of Phase II are to determine the feasibility of CAT for NCLEX by researching:

1. Operational issues
  - a. Logistics
  - b. Costs
  - c. Staffing
  - d. Computer needs
2. Security procedures
3. Legal issues
4. Psychometric issues,

and by communicating outcomes to Member Boards.

Phase II is planned to investigate the feasibility of the entire CAT measuring system, with the field tests designed to provide pivotal information about psychometric equivalence and administrative logistics.

In Phase II, different types of facilities and administration configurations (e.g. leased testing centers, school computer centers, or Test Administration Agency-assembled sites) will be investigated to obtain comparative data for: convenience, cost, equipment problems, security, and staffing needs.

The field tests will provide the primary source of data for the psychometric studies, and supply some of the data used to research the operational issues surrounding CAT. Pertinent data that cannot be collected via field testing will be obtained through test service proposals, our research partner's (American Society of Clinical Pathologists) investigations, and other methods. These comparative data will be analyzed by the Committee for Special Projects, communicated to the Member Boards, and considered in the Committee's recommendations to the Delegate Assembly.

Another purpose of Phase II is to determine the costs of CAT to candidates. Currently, candidate fees for the NCLEX pay for developing and printing the booklets, shipping, scoring, etc. CAT will eliminate these costs, but introduce others related to computer administration. The Phase II field tests will provide initial cost estimate data used to appraise the costs of administering NCLEX via CAT. This data will be combined with information provided by the Finance Committee, test services, and data center, to determine the candidate fee level needed to support CAT-NCLEX.

#### **Phase II Progress - Committee Activities**

The 1988 Delegate Assembly authorized the Committee for Special Projects to proceed with Phase II of the CAT Feasibility Study. This fiscal year, the Committee met during the Orientation/Planning Session in October, 1988, February 6-8, April 3-5, and June 7-9, 1989. The majority of the Committee's work this year has focused on planning for the field tests and communicating about the project. The Committee feels that communication pertaining to the field tests is vital to assure the success of the project. The Committee and staff have developed a Re-

search Proposal for CAT Field Testing to provide an overview of the field testing purpose and process (see Attachment A).

### **Field Test Planning**

Operational Issues. The criteria for selecting field test states and test centers have been developed and approved by the Board of Directors. To ensure that the criteria were reasonable and sufficient, the process of developing the criteria was open to Member Board input at several stages. The Committee sent drafts to all 61 member boards. Thirty-five Member Boards sent responses with several expressing interest in participating in the field test. Follow-up letters were sent to both those jurisdictions who responded, and those who did not, to offer a second chance at providing input. During their February 1989 meeting, the Committee discussed the criteria and Member Board input and determined that the main purpose for the criteria is to assist the Committee and Board of Directors in selecting field test states.

The majority of the input and comments received indicated that the Member Boards needed more specific information about the CAT field tests. Some of the important details of the CAT field tests have been delineated in question-and-answer format, including candidate sampling and motivation issues, field testing services provided by the National Council, materials and services expected of Member Boards, and field testing dates (see Attachment B).

Security Measures. An initial set of CAT field test security procedures, developed jointly with the Administration of Examination Committee (AEC), has been drafted. These draft measures were submitted to the Board of Directors in April for their input. A joint meeting between CSP and AEC has been planned for the 1989 Fall Planning Retreat, at which time a computer security expert will meet with the two Committees. Both the Committee for Special Projects and the Administration of Examination Committee are compelled to ensure that the highest level of security is maintained for field testing CAT.

Psychometric Issues. One of the primary purposes of Phase II of the CAT Feasibility Study is to determine the psychometric equivalence of CAT and paper-and-pencil NCLEX examinations for nursing licensure. Specifically, the key issue is the determination of whether or not the pass/fail decisions yielded by the two types of tests are equivalent.

To provide the data needed to conduct these studies, the proper sampling of field test candidates is vital. The candidate selection criteria have been developed to provide a distribution of candidates with the characteristics necessary to permit demographic analysis of all pertinent psychometric questions. The final selection of jurisdictions to participate in the field tests will be primarily based on the candidate characteristics in the selected jurisdictions taken as a group, so that candidates with the characteristics needed to make valid conclusions about the measurement properties of the CAT examination may be obtained. As of the writing of this report, twenty-three jurisdictions from all four Areas have volunteered to participate in the field testing of CAT.

### **CAT Legal Analysis Overview**

University of Illinois Office of Social Science Research. The preliminary CAT legal analysis was completed by the University of Illinois Office of Social Science Research in September 1988. The major outcomes of the analysis were that the researchers found no direct case law for CAT and

few cases on important psychometric issues surrounding CAT. The researchers concluded that there are no obvious legal impediments to implementing CAT for licensure, given the proper psychometric evidence for the validity of the CAT exam.

Vedder-Price. The data gathered by the University of Illinois researchers was forwarded to legal counsel at Vedder, Price, Kaufman & Kammholz to be used as "raw data" for a more detailed legal analysis. The first steps in the detailed analysis are: (1) developing a list of issues surrounding CAT with substantive legal conclusions, (2) developing a list of key issues that need psychometric evidence, and (3) finding issues that may help in the design of the CAT examination process. The initial product of the detailed analysis was an annotated bibliography of relevant cases.

The Vedder-Price detailed analysis of CAT legal issues is progressing and is scheduled for completion by the end of May 1989. The final, comprehensive CAT legal analysis will be reported during the July 1989 Board of Directors meeting.

#### **Summary**

The Board of Directors of the National Council of State Boards of Nursing appointed the Committee for Special Projects to investigate the feasibility of computerized adaptive testing (CAT) for the licensure examinations starting December 1986. The Board of Directors accepted the positive Phase I results and approved the continuation of the study into Phase II pending the Delegate Assembly vote on continuation. In August 1988, the Delegate Assembly voted to continue the study through Phase II, but, due to possible PN test plan changes, to field test using only RN candidates at this time.

The Committee for Special Projects has met three times since August 1988 (and will meet again in June) to oversee the progress of the CAT Feasibility Study. The Committee continues to plan for Phase II tasks including the CAT field testing. Selection criteria for field test states and sites have been developed and applications have been distributed to every RN jurisdiction. The selection of states to participate in the field tests will occur in June. Initial security measures have been drafted and their direction was approved by the Administration of Examination Committee. The first stage of the legal analysis of CAT has been completed and the final legal analysis has begun. A research proposal that was developed to provide a complete overview of the CAT field testing is included as Attachment A.

#### **Committee Members and Staff**

Billie Haynes, California-VN, Area I, *Chairperson*

Paula Buffone, Massachusetts, Area IV

Patricia Gremmler, New York, Area IV

Barbara Kellogg, South Carolina, Area III

Jackie Loversidge, Ohio, Area II

Marcella McKay, Mississippi, Area III

Anthony R. Zara, *Director of Special Projects*

## Attachment A

**A Research Proposal for Field Testing  
CAT for Nursing Licensure Examinations****I. Purpose of Field Testing**

One of the major goals of the National Council is to develop and improve licensure testing and conduct research pertinent to its mission. The Computerized Adaptive Testing (CAT) Feasibility Study will provide answers to Member Boards' questions about the possibility of using CAT for nursing licensure exams. Since CAT is a proven technology for administering efficient, accurate, and valid examinations, the potential benefits of CAT to the Member Boards are many.

CAT will provide a more accurate pass/fail decision than is currently made using the paper-and-pencil NCLEX because it tests each candidate until a reliable decision can be made. Paper-and-pencil testing does not permit additional questions to be administered to borderline candidates, thus allowing some ambiguity to exist with respect to the pass/fail decision. The enhanced precision of CAT measurement will allow Member Boards to better fulfill their mission of protecting the public by not passing marginal candidates. The capability of CAT to be administered more often than paper-and-pencil exams may reduce the need for Member Boards to issue temporary practice permits, again improving public protection.

The purpose of Phase II is to perform studies that address Member Boards' concerns regarding the psychometric equivalence of CAT and NCLEX, operational issues (costs, logistics, staffing, and computer needs), and security measures for CAT. Also, the legal implications of using CAT to determine licensure will be investigated. By way of contrast, the purpose of Phase I was to develop the software with the pilot study being a test of the CAT software; Phase II is planned to investigate the feasibility of the entire CAT measuring system, with the field tests designed to provide pivotal information about psychometric equivalence and administrative logistics.

In Phase II, we will investigate different types of facilities and administration configurations (e.g. leased testing centers, school computer centers, or Test Administration Agency-assembled sites) to obtain comparative data for:

convenience, cost, equipment problems, security, staffing, etc. The field tests will be the primary source of data for the psychometric studies, and some of the data used to research the operational issues surrounding CAT. Pertinent data that cannot be collected via field testing will be obtained through test service proposals, American Society of Clinical Pathologists investigations, and other methods. These comparative data will be analyzed by the Committee for Special Projects (CSP), communicated to the Member Boards, and considered in the CSP's recommendations to the Delegate Assembly.

Another purpose of Phase II is to determine the costs of CAT to candidates. Currently, candidate fees for the NCLEX pay for developing and printing the booklets, shipping, scoring, etc. CAT will eliminate these costs, but introduce different ones. The Phase II field tests will provide initial cost estimate data used to appraise the cost of administration of NCLEX via CAT. This data will be combined with information provided by the Finance Committee, test services, and data center, to determine if the candidate fee level needs to be changed for CAT-NCLEX.

## II. Literature Review

The existence of computerized adaptive testing (CAT) as a viable and appealing testing format has occurred through the psychometric developments of item response theory and the computer science development of inexpensive microcomputing. The absence of either element would not allow CAT to exist, much less be a practical form of testing.

### Item response theory

The problem of creating consistent mental measurements is as old as psychology itself. In the 1920's Thorndike complained that even the best tests of his day (measuring intelligence) did not determine a ratio scale (Thorndike, 1926, p. 1). As measurement science progressed, authors realized that the development of true ratio scales for mental variables was an admirable goal, but probably unattainable. Loevinger (1947, p. 46) stated "an acceptable method of scaling must result in a derived scale which is independent of the original scale and of the original group tested." She meant that any test or scale developed in one population must be able to generalize beyond the calibration group and have equivalent meaning in any other group to which it is administered.

This model of constant measurement quality, taken for granted in the physical sciences, eluded psychologists and educators until the 1950's when item response theory was developed. Item response theory (IRT) or latent trait theory is a model which assumes there is a mathematical function relating the probability of some type of response and certain characteristics of the examinee (see e.g., Birnbaum, 1968; Lord, 1952; Lord & Novick, 1968, Wright & Stone, 1979; etc.).

Under IRT, the probability of a person responding correctly to an item is assumed to relate to his or her standing on some latent variable. IRT links the observed behaviors (test item responses) to the latent variable (what is being measured), with the goal of determining quantitatively people's standings on that latent variable. In this context, the latent variable can be any unidimensional human trait, ability, skill, or characteristic that can be quantitatively estimated.

Practitioners using IRT, therefore, have the means to make both "item-free" person measurement and "person-free" item calibration (Wright, 1968). This capability enabled psychometricians and researchers to create "objective" measurement instruments for the first time. Such freedom allows the development of scales of latent variables that can remain stable or invariant over time. A stable measurement scale makes possible the advantages of actual longitudinal comparisons, the stability of cutoff scores to determine mastery or competence, and the capability of creating large calibrated item pools.

Under IRT, both item parameters and ability estimates are described by the same measurement scale. According to the theory, ability estimates are item-free, so scores for individuals having the same ability will be equivalent (after equating) no matter which items have been administered to attain those scores. By creating pools of items all calibrated on the same scale, the need for equating disappears since all ability estimates are automatically on a common scale and the benefits of computerized adaptive testing can be realized.

### Computerized Adaptive Testing

The concept of tailoring tests, i.e. selecting items adaptively to fit the examinee's ability level, dates back to the early 1900's work of Alfred Binet on the initial development of intelligence tests and Wald (1945) with sequential tests of statistical hypotheses. However, these early paper-and-pencil adaptive tests were unreliable and inconvenient to administer because of the complicated directions examinees had to follow. With the general availability of inexpensive microcomputing, these impediments to adaptive testing were removed. A computer program can quickly and unobtrusively route an examinee through the tailored set of items comprising his or her test. Research has shown that adaptive tests have reliabilities and validities greater than or equal to comparable conventional tests with reductions in test length of up to 50% (Weiss, 1982).

The development of IRT has allowed for great improvement in the process of adaptive item selection. Since the item difficulties and examinee abilities are calibrated on the same scale, precise formulae for the identification of the optimal item for selection as the "next item" have been developed (McBride, 1985). The scoring of adaptive tests using IRT models is also fairly straightforward. As long as the item pool meets the requirement of unidimensionality and sufficient care has been used in the calibration of the items, ability estimates obtained via adaptive testing are directly comparable across examinees (Reckase, 1981).

Computer Testing Properties. The unique properties that arise using a computer have been shown to be inconsequential in the testing process. Research cited by Hofer and Green (1985) generally supports the equivalence of paper-and-pencil and computer testing modes when using multiple-choice items not dealing with sensitive or personally-threatening issues. Research by Kiely, Zara, and Weiss (1986) has supported equivalence of computer-administered and paper-and-pencil administration for multiple-choice items not containing extremely long text passages. McBride (1985) states that computerized testing offers benefits in the areas of standardization and immediacy which conventional tests cannot match. The increased standardization of administrative conditions under computer testing is possible due to the testing format. Immediacy advantages are accrued because the test results are already in the computer and there is no need for data transfer.



CAT Mastery Testing. Recent psychometric literature supports the improved accuracy and efficiency of the CAT measurement process for criterion-referenced (mastery) testing (see e.g., Fortune, 1985; Kingsbury & Weiss, 1979, 1981, 1983; Weiss, 1982). Accuracy improvements are obtained by using a test termination rule: a pass/fail decision is made only when the established confidence interval around each individual's ability estimate excludes the passing criterion. Increased efficiency is obtained because every item is selected to provide the maximum information about the examinee's ability. In addition, test length may be further reduced for those candidates whose abilities are farther from the passing criterion, since their ability estimate range will exclude the pass score fairly early in the course of test administration.

A series of studies comparing paper-and-pencil and CAT mastery testing were performed by Kingsbury and Weiss using real-data simulation (1979), applications in a college-student population (1981), and monte carlo simulated data (1983). With college students taking a biology exam, Kingsbury and Weiss (1981) showed that the CAT mastery testing methodology yielded mastery decisions that were more consistent with the criterion decisions than were those from a conventional test. These results were especially convincing since the conventional test was specifically designed to provide the best measurement at the cutoff score.

The results from the 1983 study using simulated data corroborated the live data study. Kingsbury and Weiss found that in four item pools with different item parameter characteristics (uniform, Rasch, two-parameter logistic, and three-parameter logistic), the CAT procedure yielded more efficient decisions and had a higher classification validity. These results are somewhat surprising given Birnbaum's (1968) demonstration that the best test to give for making mastery decisions is a conventional test with all the items at the cutoff point. However, Birnbaum's conclusion is valid only in the context of conventional tests since he did not consider adaptive tests.

The CAT procedure gives each examinee a different test based on his/her responses with the characteristic that the test is created to provide the maximum information about the examinee. The conventional mastery test with all items at the cutoff (peaked) only provided maximum measurement precision (information) for examinees whose ability level is right at the cutoff. Since error bands are associated with

the examinees' scores, the conventional test (which has a fixed length and provides low information items for some examinees) produces imprecise examinee scores with a relatively wide confidence band. These may be large enough to produce error bands which overlap the cutoff, even for examinees with abilities far from the cutpoint, which causes mastery decisions to be made with less confidence. The CAT mastery test, in contrast, keeps administering items until the ability estimate and the confidence band excludes the cutoff, providing mastery decisions with known level of confidence.

Stocking (1984) conducted a study using college placement tests and found that the CAT mastery procedure produced less measurement error than peaked conventional tests in 38 out of 42 comparisons.

CAT provides many advantages over paper-and-pencil testing such as: more efficient measurement (testing time and items administered can be reduced by almost 50%), more accurate measurement (CAT keeps testing until the pass/fail decision is certain to a high, known degree of precision), immediate scoring and year-round testing are possible, and security is enhanced through the elimination of printed test forms.

Licensure and Certification Applications. The application of CAT mastery testing to the realm of licensure and certification has been slow to develop. The National Council is one of the first organizations beginning to apply the established technology to licensure. Dvorak and Wright (1987) conducted a live-data simulation study using actual NCLEX data to investigate the feasibility of making licensure decisions using CAT. The results of that study supported that licensure examinations administered in a computerized adaptive mode will be more efficient, and will have accuracy at least as great as current paper-and-pencil examinations. This study demonstrated that the same pass/fail decision reached through a 300-item paper-and-pencil test could be made after fewer than 100 items were administered adaptively for about half the candidates. This result is important considering that the item pool for the adaptive test only consisted of one form of the NCLEX and was not designed for adaptive testing.

### III. Data Collection

#### Examinations

The CAT Field Tests will be conducted in conjunction with the NCLEX-RN in July 1990 (790) and February 1991 (291). Approximately half of the field test examinees will be administered CAT before the paper-and-pencil NCLEX-RN exam, and the other half will take CAT after the NCLEX-RN. The counterbalancing of CAT administration allows more accurate comparisons to be made between CAT and NCLEX since practice effects and learning can be accounted for. The CAT examinations will be scheduled within a two-week period either before or after the normal NCLEX-RN examination (the final time period will be determined after input from Member Boards, and the test services providing computerized testing facilities). The purpose of this timing for the CAT administration is to minimize candidate learning and/or forgetting and to assure the same level of candidate preparation for CAT as for the paper-and-pencil NCLEX.

The CAT examination for each candidate will be composed of items drawn from the complete NCLEX-RN item pool which consists of approximately 3500 items. The items administered in each candidate's CAT exam will strictly conform to the NCLEX-RN test plan. The maximum and minimum number of items administered in each CAT exam will be determined by CSP. The exact number of items administered to each candidate will depend on the candidate's test performance. Candidates close to the pass/fail score will be administered more items; those far from the cutpoint (either above or below) will need to take fewer items before the program is able to make an accurate pass/fail decision. There will be a very liberal time limit to complete the CAT exam (to be determined by the CSP), so that testing time does not interfere with the research results.

The paper-and-pencil examination information for each candidate will be the actual NCLEX-RN examination taken during the 790 or 291 administrations. Using the candidates' performance on the actual NCLEX is important for the purposes of the field tests because NCLEX performance provides crucial information that is unattainable from any other source. The psychometric comparisons that must be made before any informed decision can be made concerning CAT, are comparisons of CAT-NCLEX to the paper-and-pencil NCLEX. No other paper-and-pencil test, no matter how carefully constructed, will provide the information needed to make that

comparison. Also, candidate test-taking behavior on the paper-and-pencil NCLEX is an important mitigating factor in this study. Psychometric comparisons of CAT to NCLEX are most valid if the candidates are equally prepared and seriously trying to pass both tests.

### Field Testing Design

The data collection requirements were developed to try to assure the collection of the data needed to make both the psychometric comparisons of the measurement properties of CAT and NCLEX, and to obtain the data necessary to determine the feasibility of actual CAT administration of the nursing licensure examination. The proposed design maximizes the opportunity to obtain quality psychometric data while still providing the circumstances for obtaining logistic data.

However, in developing a design which provided the highest quality psychometric data, not every conceivable administration option was specifically included in these field tests. The psychometric comparisons are dependent on obtaining a "true" performance from each candidate. Thus, trying to maximize the acquisition of both logistic and psychometric information from the same set of field tests is difficult: for the best logistic information, we want each field trial to be as different as possible (to provide information about all the administrative options); for the best psychometric information, we want each field trial to be as similar as possible (to prevent introduction of any confounding factors into the data).

Since the psychometric information necessary for ascertaining whether CAT is equivalent to NCLEX, and thus legally defensible, cannot be obtained in any other way but field testing, measurement considerations should receive priority in making the field test design decisions. Also, much of the logistic data needed to answer Member Boards' questions about the feasibility of CAT can be obtained through means other than field testing. For example, cost data will be obtained through the proposals that testing services are providing regarding conducting the field tests at their sites, and through the proposals they develop for an ongoing testing relationship.

States. The state selection design includes the provision that as many different types of states as possible are selected to fill the eight possible field test sites. However, the CSP may decide that limiting the number of

field test sites to four will provide the best information, since the sites will be able to modify their procedures to utilize the experience gained from the first administration. The following state characteristics are prioritized in the sampling plan:

- A. Size
  - 1. Average number of candidates taking July and February NCLEX-RN examination
  - 2. State geographic characteristics
  - 3. Volume/area density
- B. Geographic Location - National Council Area (I, II, III, and IV)
- C. General state performance level on NCLEX-RN, based on passing rates.
- D. Candidate characteristics
  - 1. Demographics (Ethnicity)
  - 2. Basic nursing preparation
  - 3. Foreign- vs. U.S.-educated
  - 4. First-time vs. repeat candidates
- E. Governmental structure of agency, how it is funded, and what kind of testing administration it uses.

These variables will provide a wide range of types of states, providing information that can generalize from the field testing experience to any proposed implementation strategy. States that want to participate in the field tests must conform to the prioritized selection criteria developed by the CSP:

- 1. Participating states must apply to be field test states.
- 2. Participating states must have computer testing centers accessible (not necessarily owned by the state), or be willing to explore having one created for field testing.
- 3. Participating states must have candidates whose demographic characteristics are needed to fill the candidate sampling design. Participating states must also have the capability to make candidate demographic information available.
- 4. Participating states must fit the state selection sampling design. State selection criteria should include a variety of types of states. The criteria are those outlined above.
- 5. Participating states must be willing to secure candidates (consistent with the candidate sampling selection plan) to take the CAT exam. In each

jurisdiction, half the candidates will take CAT before NCLEX, half will take CAT after NCLEX.

6. Participating states must be willing to effectively communicate to candidates in such a way as to motivate candidates to answer each question to the best of their ability on both the NCLEX and CAT exams.
7. Participating Boards must be willing to provide staff time to assist in the planning and coordination of the field test process, (contacting and disseminating information to candidates, etc.).
8. Participating states must be willing to provide security personnel (i.e., staff, volunteers, proctors) for the CAT exams.
9. Participating states must be willing to communicate about the value of the project to the nursing schools in their states.
10. Participating states must agree that all data collected during the pilot is the property of the National Council. Data will not be used for purposes other than described in the Authorization to Use NCLEX Data signed by the Member Boards.

Computerized Test Sites. The main computerized testing site selection criterion is that all sites must have the acceptable minimum computer facilities available. The test station equipment configuration requirements are based on both ergonomic and fiscal realities. The performance of the CAT testing software cannot be affected by the test station setup, if comparable data are to be obtained. The required computer equipment includes:

1. Higher-than-normal resolution screens for text (Enhanced Graphics Adapter, VGA, or monochrome graphics, not Color Graphics Adapter)
2. IBM-compatible 80286-based machine with 640 K RAM
3. 20-30 Mb hard disk and one diskette drive
4. 80287 math coprocessor
5. Comfortable chairs (adjustable preferred)
6. Space for writing on scratch paper

Additional recommended equipment includes: either tape cards, a bernoulli box setup, or Local Area Network (to transfer data from the test stations to the main test center computer); and individual carrels for the test stations.

As with the other field test administration choices, the CAT test site arrangements will be selected to obtain the best

information possible about different approaches to administering CAT licensure examinations without compromising the psychometric data. The following three types of computerized testing sites are being explored for use in the field tests:

- A. State-setup computer sites
- B. University or other school computer labs
- C. Test administration agency sites
  - 1. ETS sites
  - 2. Control Data sites
  - 3. Other sites

### Candidates

The examinees will be 800 fully-qualified first-time RN candidates; approximately 400 will be drawn from those who are scheduled to take the NCLEX in 790, and 400 will be selected from those who will be scheduled to take the NCLEX in 291. The field testing of CAT consists of eight independent field trials which will be conducted at four sites in 790 (approximately 100 candidates at each) and four sites in 291 (approximately 100 candidates at each).

The candidate selection criteria are based on the candidate sampling plan which is designed to provide a distribution of candidates with the demographic characteristics necessary to permit demographic analysis of all pertinent psychometric questions. Legal counsel advised that the sampling plan need not represent the major demographic categories in accordance with their percent occurrence in the population. However, enough sub-group candidates must be field tested so that valid statistics may be obtained. The major sub-group analyses will include: (1) ethnicity - Blacks, Hispanics and Asians; (2) type of education - Baccalaureate, Associate Degree, and Diploma programs; (3) where educated - Foreign and U.S.-educated; and (4) gender.

The demographic factors have been included to also assure that the field tests yield data on all protected classes of individuals, again contributing to the generalizability of the field test results. Towards that end, legal counsel suggested that Blacks, Asians, Hispanics, and Foreign-educated candidates be oversampled in the field tests.

Selected candidates will be contacted by the Member Board and provided information about their responsibility to participate in the field test, the monetary incentive, test

site location, and specifics about scheduling, and assurance of their anonymity. The National Council will provide models of these candidate information packets for use by field test states. After the field testing is completed, participating candidates will be debriefed by the National Council.

#### IV. Data Analysis

The purposes of the field testing are to investigate both the psychometric properties of a CAT examination for nursing licensure and the practical/logistic issues encompassing CAT administration. To address both concerns, the field test data analysis will proceed along two lines: Psychometric Issues and CAT Logistic Issues.

The data needed to completely analyze several logistic issues (board and candidate costs, alternative administrative models, and ongoing staff needs) will not be entirely obtainable through the field testing process. Supplementary data will be acquired through proposals developed by test services for conducting the field tests, estimates, and additional investigation.

A questionnaire will also be administered to the candidates upon completion of both the paper-and-pencil and CAT portions of the study. This questionnaire asks the candidate about their reactions to, and impressions of the two testing experiences. It will pose questions similar to those in the post-exam questionnaire administered to examinees after the CAT pilot testing in December, 1987 and January, 1988.

##### Psychometric Issues

The determination of the equivalence of the pass/fail decisions produced by the paper-and-pencil NCLEX-RN and the CAT examination is the primary task of the psychometric analysis of the field tests. The major questions that will be answered are (1) Does CAT administration affect the passing rates for NCLEX? (2) Does CAT administration affect the ability estimates of candidates? (3) Do individual candidates perform in a comparable way on CAT and paper-and-pencil nursing licensure examinations? and (4) Are the CAT examination passing rates for individuals from protected demographic classes different than for the paper-and-pencil NCLEX? Additional crucial questions may be investigated or these modified on the basis of further legal advice.



Decision consistency. The determination of whether or not the pass/fail decisions yielded by the two types of tests are equivalent will be made through several statistical techniques. The primary analysis will be the determination of the degree of decision consistency for the two testing methods. The percentage of candidate pass/fail decisions that is consistent for both tests (paper-and-pencil and CAT) will be calculated and evaluated using contingency tables, revealing any differential effects due to the mode of test administration answering Question #1. This analysis will also be performed within candidate demographic group to provide the answers to Question #4.

Counterbalancing the administration of CAT and NCLEX will control for any effect due to the ordering of test administration, such as that due to experience or learning. That is, each type of test (CAT or NCLEX) will be administered first for some candidates and second for others, allowing the order of test administration to be specifically analyzed using t-tests to ascertain whether the order of administration affected candidates' performance. Also, the CAT examination will not administer any items present on the NCLEX, preventing the testing results from being contaminated due to candidate memory effects.

Ability estimate comparisons. Total test ability estimate equivalence will be investigated using t-tests to compare the mean ability estimates of candidates across modes of administration (CAT vs. paper-and-pencil) addressing Question #2. The demographic studies will also use t-tests to compare individual subgroup performance across testing modes. Analysis of variance (ANOVA) will be used to compare subtest ability estimates across administration modes providing information about mode equivalence at the subtest level.

Correlational analysis. Information about the equivalence of CAT and paper-and-pencil NCLEX-RN within candidates will be obtained through a Pearson product-moment correlational analysis. This analysis will determine the similarity of the candidates' ability estimates across the two testing methods. The candidate's total ability estimate and the ability estimates derived from each test plan category will be correlated across test administration mode, providing a measure of ability estimate consistency and a response to Question #3. Again, these analyses will be performed separately within demographic group providing information about

the equivalence of paper-and-pencil and CAT for different ethnic, gender, type of educational program, etc. subpopulations.

### CAT Logistic Issues

The secondary purpose of Phase II field tests is to gather information for addressing Member Boards' concerns regarding operational issues (costs, logistics, staffing, and computer needs) and security measures for CAT. The legal implications of using CAT to determine licensure are unrelated to field testing (except as psychometric analysis provides evidence of equivalence) and are being researched by legal counsel outside of the context of field testing. Different administration models are being considered to provide a range of information to Member Boards. The specific tasks that Member Boards must perform as a field test state depend on the administration model. Appendix A contains a very preliminary set of administration tasks for CAT as compared to the current Member Board tasks. Technical assistance and training will be provided throughout the field testing process by the Committee for Special Projects and National Council staff.

Specific operational questions that will begin to be answered through the data collected both within and outside of the field tests include: (1) What are the costs to Member Boards in administering CAT; (2) Do the CAT administration tasks define a workable model for CAT? (3) What type of staff is needed in order to administer CAT? (4) Do boards need to buy many computers in order to administer CAT? (5) What types of security measures are needed for CAT? (6) What are the costs to candidates taking CAT? (7) Which type of administration model worked best for CAT? and (8) How will the ways boards prepare for examinations change under CAT?

Questions 1, 4, 6, and 7 will not be fully answered with the data collected during Phase II. The final answer to Question 1 cannot be obtained until a decision on implementation is reached and actual bids are received from test services. A preliminary answer to Question 4 will be obtained, but only the actual implementation decision (and its ramifications) can provide the final answer. The answers to Questions 6 and 7 provided through field testing can only generalize to the administration models included in the field tests. Other administration scenarios not specifically tested could have much different costs and logistic arrangements. However, the other avenues of investigation planned

during Phase II will provide reasonable estimates of these factors.

#### V. Schedule

The initial schedule for performing the tasks necessary to conduct the Phase II field testing is included in Appendix B. It was compiled from the Research Flowchart and Timeline that the Committee for Special Projects developed for their addended 1988 Book of Reports Report.

## References

- Birnbaum, A. (1968). Some latent trait models and their use in inferring an examinee's ability. In F. M. Lord & M. R. Novick, Statistical theories of mental test scores. Reading, MA: Addison-Wesley, pp. 453-479.
- Cory, C. (1977). Relative utility of computerized versus paper-and-pencil tests for predicting job performance. Applied Psychological Measurement, 1, 551-564.
- Dvorak, E. M. & Wright, B. (April, 1987). Simulating adaptive administration of a nursing licensure examination. Paper presented at the annual meeting of the American Educational Research Association by J. Bosma and E. Dvorak, Washington, D.C.
- Fortune, J. C. & Associates (1985). Understanding Testing in Occupational Licensing. San Francisco: Jossey-Bass.
- Green, B. F., Bock, R. D., Humphreys, L. G., Linn, R. L., & Reckase, M. D. (1984). Technical Guidelines for Assessing Computerized Adaptive Tests. Journal of Educational Measurement, 21, 347-360.
- Hofer, P. J. & Green B. F. (1985). The challenge of competence and creativity in computerized psychological testing. Journal of Consulting and Clinical Psychology, 53, 826-838.
- Kiely, G. L., Zara, A. R., & Weiss, D. J. (1986). Equivalence of computer-administered and paper-and-pencil ASVAB tests (AFHRL-TP-86-13). Manpower and Personnel Division, Brooks Air Force Base, TX: Air Force Human Resources Laboratory.
- Kingsbury G. G. & Weiss, D. J. (1979). An adaptive testing strategy for mastery decisions (Research Report 79-5). Minneapolis: University of Minnesota, Department of Psychology, Psychometric Methods Program.
- Kingsbury G. G. & Weiss, D. J. (1981). A validity comparison of adaptive and conventional strategies for mastery testing (Research Report 81-3). Minneapolis: University of Minnesota, Department of Psychology, Psychometric Methods Program.

- Kingsbury G. G. & Weiss, D. J. (1983). A comparison of IRT-based adaptive mastery testing and a sequential mastery procedure. In D. J. Weiss (Ed.), New horizons in testing: Latent trait theory and computerized adaptive testing. New York: Academic Press.
- Loevinger, J. (1947). A systematic approach to the construction and evaluation of tests of ability. Psychological Monographs, 61.
- Lord, F. M. (1980). Applications of Item Response Theory to practical testing problems. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Lord, F. M. and Novick, M. R. (1968). Statistical theories of mental test scores. Reading, MA: Addison-Wesley.
- McBride, J. R. (1976). Research on adaptive testing, 1973-1976: A review of the literature. Unpublished report. Minneapolis: University of Minnesota.
- McBride, J. R. (1985). Computerized Adaptive Testing. Educational Leadership, 43 (October), 25-28.
- Rasch, G. (1960). Probabilistic models for some intelligence and attainment tests. Copenhagen: Danmarks Paedagogiske Institut.
- Reckase, M. D. (1981). Tailored testing, measurement problems and latent trait theory. ERIC document ED207987.
- Stocking, M. L. (1984). Two simulated feasibility studies in computerized adaptive testing (RR-84-15). Princeton: Educational Testing Service.
- Thorndike, E. L. et al. (1926). The measurement of intelligence. New York: Columbia University Teachers College.
- Wald, A. (1945). Sequential tests of statistical hypotheses. Annals of Mathematical Statistics, 16, 117-186.
- Weiss, D. J. (1982). Improving measurement quality and efficiency with adaptive testing. Applied Psychological Measurement, 6, 379-396.
- Weiss, D. J. & Kingsbury, G. G. (1984). Application of

computerized adaptive testing to educational problems.  
Journal of Educational Measurement. 21, 361-376.

Weiss, D. J. (Ed.) (1983). New horizons in testing: Latent trait theory and computerized adaptive testing. New York: Academic Press.

Wright, B. D. (1968). Sample-free test calibration and person measurement. In Proceedings of the 1967 Invitational Conference on Testing Problems. Princeton, NJ: Educational Testing Service, pp. 85-101.

Wright, B. D. & Stone, M. H. (1979). Best test design. Chicago, IL: MESA Press.

## APPENDIX A

State Administration Tasks for Paper-and-Pencil  
and CAT ExaminationsPaper-and-Pencil Administration

1. Exam created
2. Estimate number of candidates
3. Order booklets from CTB
4. Rent hall for next year
5. Send applications (state)
6. Applications processed
7. Admission cards arrive and eligibility checked and mailed with name and address corrections
8. Test booklets arrive
9. Proctors and staff trained; booklets inventoried and secured
10. Administer exam and correct addresses again
11. Security Compliance Report
12. Return booklets
13. Results arrive
14. Mail results, issue licenses
15. Perform statistical analysis for schools

CAT Administration

1. Item pool edited for currency
2. Estimate number of graduate candidates for the year, project computer needs, check number of testing days
3. Contract with facility/service
4. Send applications (state)
5. Applications processed, scheduling done and sent to data center
6. Admission cards arrive and eligibility checked and mailed with name and address corrections
7. Admission record (applicant record) sent to test site
8. Item pool sent to test site
9. Proctors trained; computer security maintained
10. Candidates take exam
11. Periodic security reporting
12. Check uploading of data
13. Results arrive periodically
14. Mail results, issue licenses
15. Perform statistical analysis for schools

## APPENDIX B

Phase II CAT Timeline

<u>Date</u>	<u>Tasks</u>
3-88	Phase II began. The objectives of Phase II are to determine the feasibility of CAT for NCLEX by re-searching: (1) Operational issues - Logistics, Costs, Staffing, Computer needs; (2) Security; (3) Legal issues; (4) Psychometric issues; and by communicating outcomes to Member Boards
4-88	CAT presentation at Area meetings
5-88	CSP Chairperson met with Exam Committee
5-88	Began CAT legal analysis
5-88	Began CAT item writing sessions for RN items (840 items with expected 25% attrition rate)
5-88	Book of Reports Report written
8-88	Draft of initial CAT legal analysis completion
8-88	Present CAT forum at Delegate Assembly
8-88	Delegate Assembly decision on continuation of CAT feasibility study through Phase II
9-88	Initial legal analysis of CAT completed
11-88	Plan draft criteria for testing sites, test stations, and candidate selection plan, send to Member Boards for their input, meet with AEC to work on field test security measures, meet with EC to share information
2-89	Input on criteria returned from Member Boards, melded with draft criteria and finalized; security measures finalized; develop and mail application for Member Boards to serve as field test sites; Area Meeting preparation



- 2-89 New RN item tryout using paper-and-pencil forms
- 3-89 CAT presentation at Area meetings
- 4-89 Prepare Book of Reports report
- 4-89 Develop CSP communication plan for MBs, EC, AEC, begin implementation plan for field tests, review and approve Book of Reports report
- 6-89 Begin editing of RN item pool
- 6-89 Review field test applications based on final criteria and select field test states; develop field test procedure manual, materials, followup materials, and checklists
- 6-89 Complete CAT field test implementation plan, develop initial cost and computer estimates
- 7-89 CAT software completed
- 7-89 Explore facilities and equipment arrangements
- 7-89 Begin implementation of communication plan to help recruit candidates, plan site visits to train Member Boards.
- 7-89 States receive notification of selection and are instructed to set up meeting with Deans and Directors for September 1 - November 1 (include agenda)
- 7-89 CSP member from the selected states' Area makes initial telephone call to Board Executive Officer to follow up, offer support, etc.
- 7-89 Letter from CSP Chairperson to Board Executive Officer
- 7-89 New RN item tryout using paper-and-pencil forms
- 8-89 Selected states' Executive Officers attend Delegate Assembly CAT forum.
- 8-89 Delegate Assembly CAT Forum, providing specific field test information to selected states.

- 8-89 Project Director to send follow-up thank you letters to Executive Officers and CAT person on staff
- 9-89 States send letters to Deans & Directors, Employers and Associations.
- 9-89 Schedule specific field test dates
- 9-89 Finalize field test procedures manual
- 9-89 Develop field test procedures video
- 9-89 Field test procedures materials completed
- 10-89 Develop informational video on CAT for nursing educational programs
- 10-89 CAT informational presentations for state groups
- 11-89 Nursing schools and the board of nursing identify candidate characteristics for 789 (and 290) and return to NCSBN.
- 11-89 Begin specific planning for FT1, send to field test states for input, visit FT1 sites
- 12-89 Identify schools with candidates that fit sample and select schools (and candidates).
- 1-90 Motivation of candidates initiated by nursing board staff and Deans. This begins the regular contact with potential candidates.
- 2-90 New RN item tryout using paper-and-pencil forms
- 2-90 Continue FT1 planning incorporating Member Board input, Area Meeting preparation
- 3-90 CAT presentation at Area Meetings
- 4-90 Prepare Book of Reports report
- 4-90 Finalize FT1 plans, begin FT2 planning, Book of Reports report reviewed and approved
- 5-90 CTB returns data on new items to National Council on tape, need to enter into item database

- 7-90 Field Test 1 - RN
- 8-90 CAT forum at 1990 Delegate Assembly
- 9-90 Review FT1 procedures, continue FT2 planning
- 11-90 Review FT1 data, finalize FT2 plans
- 2-91 Field Test 2 - RN
- 2-91 Review FT2, review field test results, begin Phase II final report
- 3-91 Complete analysis of field test data and complete preparation of Phase II final report
- 3-91 CAT presentation of Phase II results at Area Meetings
- 4-91 Review and approve final Phase II report, CSP recommendation, fiscal impact of recommendation, and plan for implementing recommendation developed
- 8-91 CAT forum at 1991 Delegate Assembly
- 8-91 Delegate Assembly decision on whether to implement CAT for RN licensure examinations and decision on whether to conduct PN/VN field testing

## Table of Contents

### Questions and Answers about the CAT Field Testing

General Issues	Page
1. Why is CAT being field tested? .....	30
2. When will the CAT field tests take place? .....	30
3. How many field test states will there be? .....	31
4. How many candidates will participate in the field tests in each state? .....	31
5. Will NCLEX be administered differently in field test states than those not participating? .....	31
6. What are the legal implications for each participating field test state in administering both the CAT and NCLEX exams? .....	31
7. How will states be selected to participate in CAT field testing? .....	31
8. What types of candidates are important to have participate in the field tests? .....	32
9. Will repeat or foreign-educated candidates be included in the field test sample?.....	32
10. How will the CAT field test scores affect licensure? ....	32
11. What are the legal implications if a candidate passes CAT and fails NCLEX? .....	32
12. Will the CAT field test scores be released to candidates? .....	32
<b>Responsibilities</b>	
<u>Costs</u>	
13. How much will Field Test States have to pay for the computerized testing facilities? .....	33
14. Do the Field Test States have to pay candidates? .....	33
<u>Workload</u>	
15. How much time will be required of field test state staff to participate in the field testing? .....	33
16. What kind of support will be provided by the National Council to Field Test States? .....	33
17. How many proctors do we need and how much must they know about CAT? .....	34

**Table of Contents Continued -  
Questions and Answers about the CAT Field Testing**

**Logistics**

18.	When will field test states be selected?.....	34
19.	How do we go about finding computerized test sites in our state? .....	34
20.	What equipment is needed at the test centers? .....	34
21.	How will security be maintained? .....	35
22.	What specific procedures will be implemented to protect the NCLEX-RN item pool? .....	35
23.	How long do CAT tests take to complete? .....	36
24.	How many computer stations are needed at each site? .....	36
25.	Will any information from the study be provided to the states? .....	36
26.	Will multiple sites per state be acceptable? .....	36

## Questions and Answers about the CAT Field Testing

### General Issues

1. **Why is CAT being field tested?**

The purpose of Phase II is to perform studies that address Member Boards' concerns regarding the psychometric equivalence of CAT and NCLEX, operational issues (costs, logistics, staffing, and computer needs), and security measures for CAT. By way of contrast, the purpose of Phase I was to develop the software with the pilot study being a test of the CAT software; Phase II is planned to investigate the feasibility of the entire CAT measuring system, with the field tests designed to provide pivotal information about psychometric equivalence and administrative logistics.

In Phase II, we will investigate different types of facilities and administration configurations (e.g. leased testing centers, school computer centers, or Test Administration Agency-assembled sites) to obtain comparative data for: convenience, cost, equipment problems, security, staffing, etc. The field tests will be the primary source of data for the psychometric studies, and some of the data used to research the operational issues surrounding CAT. These comparative data will be analyzed by the Committee for Special Projects (CSP), communicated to the Member Boards, and considered in the CSP's recommendations to the Delegate Assembly.

Another purpose of Phase II is to determine the costs of CAT to candidates. Currently, candidate fees for the NCLEX pay for developing and printing the booklets, shipping, scoring, etc. CAT will eliminate these costs, but introduce different ones. The Phase II field tests will provide initial cost estimate data used to appraise the cost of administration of NCLEX via CAT. This data will be combined with information provided by the Finance Committee, test services, and data center, to determine if the candidate fee level needs to be changed for CAT-NCLEX.

2. **When will the CAT field tests take place?**

The CAT field tests are scheduled to be conducted in conjunction with the regular paper-and-pencil 790 (July 1990) and 291 (February 1991) NCLEX-RN exam administrations. In each field test state, one-half of the sampled candidates will take CAT within two weeks before the NCLEX and one-half will take CAT within two weeks after the NCLEX (approximately).

3. **How many field test states will there be?**  
Four states will be selected to field test CAT in 790 and four will field test CAT in 291 for a total of eight possible states. The Committee for Special Projects and Board of Directors will determine whether any states will be repeat participants in field testing CAT during both NCLEX administrations (790 and 291).
4. **How many candidates will participate in the field tests in each state?**  
In each field test state, at least 100 candidates will field test CAT. Since the candidates will be divided into "before" and "after" groups, 50 candidates will be administered CAT sometime before the regular NCLEX administration and 50 will take CAT after the NCLEX exam in each state.
5. **Will NCLEX be administered differently in field test states than in those not participating?**  
The NCLEX administration in the field test states will be conducted exactly the same as it is in the non-field test states. That is, standard, normal NCLEX procedures will be followed. The addition of the CAT administration in the field test states will not affect the NCLEX procedures in any way.
6. **What are the legal implications for each participating field test state in administering both the CAT and NCLEX exams?**  
The legal implications for field test states are currently being studied by National Council legal counsel. His preliminary advise is that participation in the field tests will not have any adverse legal implications for the states involved. Any state participating in the CAT field tests can be assured that all legal questions surrounding the field tests will be answered to their satisfaction prior to participation in the study.
7. **How will states be selected to participate in CAT field testing?**  
After receiving the applications from all interested states, the Committee for Special Projects and Board of Directors will select the states that have the combination of characteristics that best fit the State Selection Criteria. The states that are ultimately selected to participate must have candidates available to match the characteristics needed to make valid conclusions about the measurement properties of the CAT examination.

8. **What types of candidates are important to have participate in the field tests?**  
In order to make valid conclusions about the measurement properties of CAT, the sample of candidates who participate in the field tests must be as similar as possible to the entire population of RN candidates. This is because any gross differences in the characteristics of the field test sample and the population as a whole might affect the performance levels on CAT and NCLEX in a manner related only to differences in group characteristics. Also, dissimilarity of the two groups might possibly mask actual performance differences. These issues of experimental validity make the acquisition of a representative candidate sample of paramount importance. Legal counsel has advised that it is equally important that enough minority candidates (Black, Hispanic, and Asian) be included in the sample to obtain valid results regarding subgroup performance on CAT.
9. **Will repeat or foreign-educated candidates be included in the field test sample?**  
Given the importance of a representative sample (discussed in Question 8), it is necessary to include some repeat and foreign-educated candidates in order to field test CAT on a sample of candidates that reflect the characteristics of the whole population.
10. **How will the CAT field test scores affect licensure?**  
The results of the CAT field test do not affect candidates' licensure in any way whatsoever. Participating candidates will be licensed through their state board based on the results of the regular NCLEX (as usual). One purpose of field testing CAT is to determine whether or not it is a valid measurement system for nursing licensure. Thus, it would be inappropriate to have the CAT results affect the licensure decision in any way.
11. **What are the legal implications if a candidate passes CAT and fails NCLEX?**  
Because CAT is not related to the licensure decision (see above), there are no legal implications for a candidate passing CAT and failing NCLEX: as always, her/his NCLEX score is the basis for the licensing decision.
12. **Will the CAT field test scores be released to candidates?**  
The results of the CAT field tests will be treated as confidential material and not released to candidates or



states. The aggregate results of the field tests will be presented to Member Boards in the 1991 Book of Reports and at the 1991 Delegate Assembly.

### Responsibilities

#### Costs

13. How much will Field Test States have to pay for the computerized testing facilities?  
Field Test States do not have to contribute any funding for their candidates' use of the computerized testing sites. The National Council has allocated funds to pay for the costs of computerized testing in the budget of the CAT Feasibility Study.
14. Do the Field Test States have to pay candidates?  
The National Council has also budgeted to provide a monetary incentive (averaging \$100/candidate) to candidates to participate in the field testing. The Committee for Special Projects may recommend a difference in the monetary incentive for candidates who take CAT before NCLEX and those who take CAT after NCLEX in order to maximize candidate motivation. Field Test States may be encouraged (not required), however, to also contribute some incentive to candidates who participate in the field tests.

#### Workload

15. How much time will be required of field test state staff to participate in the field testing?  
Field test states will be expected to provide staff time to copy and mail letters to potential participating candidates, help the National Council to identify and contact schools of nursing to motivate candidates to participate and perform to the best of their ability on both exams, find and provide proctors for the CAT administration, assist the National Council to coordinate other field test-related activities in their state.
16. What kind of support will be provided by the National Council to Field Test States?  
The National Council will provide as much support to each field test state as needed in order to assure a successful field test. Planned support includes: uniform training and training materials for board staff, CAT procedure manuals, proctor training, standard correspondence for boards to send to candidates, model letters to send to nursing programs,

instructional videotapes, and the presence of a Committee or National Council staff member at each CAT field test administration. The National Council will also provide some ideas about how to recruit candidates to participate; however, each state will need to tailor the motivational procedures to their own needs.

17. How many proctors will we need, and how much must they know about CAT?

The Administration of Exam Committee has determined that one proctor is needed for every eight testing stations during the CAT field testing. This means that a 25-computer site (considered very large) would need to have 3 proctors present and one coordinator. The proctors and coordinator do not need to have any prior knowledge of CAT testing procedures. All the training needed will be supplied by the National Council.

#### Logistics

18. When will field test states be selected?

The Committee for Special Projects will formulate its recommendation to the Board of Directors during its June 7-9 meeting. The Board of Directors will act on the recommendation during its July 6-7 meeting. The selected states will be notified following the Board meeting.

19. How do we go about finding computerized test sites in our state?

The National Council will assist each chosen field test state to locate appropriate computerized test sites. Some examples of computerized sites include: Control Data or Educational Testing Service computerized testing centers, school computer laboratories, computer training facilities at business organizations, and computer sites developed by the National Council exclusively for CAT field testing.

20. What equipment is needed at the test centers?

Test station equipment requirements are based on both ergonomic (how functional the environment is for the candidate) and fiscal realities. The CAT test performance cannot be allowed to be affected by the test station setup:

The Required equipment for each station will include

1. IBM-compatible (AT-level) 80286-based machine with 640 K RAM
2. Higher-than-normal resolution screens for text (EGA or monochrome graphics, not CGA)
3. A 20-30 Mb hard disk and one diskette drive
4. An 80287 math coprocessor
5. Comfortable chairs (adjustable preferred)
6. Space for writing on scratch paper

Recommended equipment includes

7. A tape drive, bernoulli box setup, or Local Area Network for transferring information
8. Individual carrels for the test stations

21. How will security be maintained during field testing?  
The Committee for Special Projects is developing a set of CAT field test security measures based on the regular NCLEX security measures and the security procedures that were approved and successfully implemented for the CAT pilot testing. The Administration of Exam Committee will review these draft procedures in March and will approve any administration procedures prior to their use in the CAT field testing.

22. What specific procedures will be implemented to protect the NCLEX-RN item pool?  
Although the CAT security measures have not yet been finalized, the following measures were implemented during the pilot test to keep the RN item pool secure and will probably be used at the field test sites:

Access to item files will be limited to National Council staff or their authorized representatives only. The files will be protected through: (1) encryption - the item files are stored in "coded" form, they cannot be read without knowledge of that code; (2) both the item files and the subdirectory they are stored in are "hidden" -- that is, they cannot be located by using a directory listing procedure, the only way to find them is by knowing in advance where they are; and (3) there will also be a password system set up on all the computers being used so that the machines will not start up unless the correct password is typed in.

Note paper will be provided for each examinee which must be returned to the proctors at the completion of the test.

Each sheet of paper will be numbered and logged to the examinee so that its return after the testing session is assured. These procedures were discussed and approved for the Phase I pilot testing during the joint Committee for Special Projects-Administration of Exam Committee meeting during the orientation sessions on 24-25 October 1987.

23. **How long do CAT tests take to complete?**  
During the pilot testing, the CAT exam took between 39 minutes and just over 5 hours to complete. Each candidate's test is a different length depending on their knowledge, skills, and abilities. The average test length was just over 2 hours and 40 minutes meaning that two candidates per day can easily be tested on each computer.
24. **How many computer stations are needed at each site?**  
As of this time, there is no minimum for the number of computer stations required in each state. However, the fewer test stations available, the more days will be needed both before and after NCLEX to test the candidates. For example, if 6 computers were available, one would be used at the administrator's station and 5 would be used for CAT. A maximum of 2 candidates per 8 hour day can be tested on each computer, so it would take about 5 days to test 50 candidates using CAT.
25. **Will any information obtained from the study be provided to the states?**  
No information on individual performance will be released to the states. Field test states will receive the results of the field test study in aggregate form included in the final report of Phase II.
26. **Will multiple sites per state be acceptable?**  
The Committee for Special Projects has no objection, at this time, with multiple sites per state. The major ramifications of multiple sites are that more staff time would be required for coordinating the field testing and more than one site administrator would be needed in that state.

## Report of the Job Analysis Monitoring Committee

Analysis of data obtained in a pilot study conducted to evaluate a revised job analysis data collection tool is being completed. The outcome of a review of these results by the Job Analysis Monitoring Committee will be included in the Committee's informational report which will be mailed in July 1989.

# Report of the Steering Committee Computerized Clinical Simulation Testing Project

## Background

The first year's activities focused primarily on adopting the Nursing Clinical Simulation testing model, and determining the programming and data base modifications of the National Board of Medical Examiner's (NBME) CBX system. The cases are in the process of being written by the Case Development Committee and will be ready for programming this summer.

## Activities

During Fiscal Year 1989, and the first year of the project, the Steering Committee met at Oak Brook Hills Conference Center, 28 October - 1 November 1988, and at NCSBN, Chicago 8-9 February and 4-5 May 1989.

## Project Goals and Strategies

### GOAL I: Model Modifications

#### Objective

- A. Adapt technology developed by NBME for the development and delivery of computer based clinical simulations for initial nurse licensure.

#### Strategies

1. Adopted a Nursing Computer Model for CST (Attachment A). The model is based on a problem-solving approach and focuses on altering client responses to health problems and treatment.
2. Adopted the computer programming model and the screen designs presented by staff of NBME.
3. Adopted plans to develop the default data bases for the nursing computer model. Particular focus was given to nursing history, physical examination and interventions.
4. Reviewed criteria for appointment and a job description for Database Consultants. Initially, one Database Consultant was hired in the Philadelphia area. Additional consultants will be added as the need to develop the data bases in specific clinical areas becomes necessary.

**GOAL II: Case Development Process (Attachment B)****Objective**

- A. Initiate development of 20 computerized clinical simulation cases.

**Strategies**

1. Recommended to the Board of Directors, the appointment of twelve persons to the Case Development Committee.
2. Developed Confidential Directions for 36 cases to be given to the Case Development Committee.
3. Recommended Security Measures for writing at home which were presented to the Administration of Examination Committee and the Board of Directors for approval.
4. Monitored the case development process. Twenty-four cases were assigned to the twelve Case Developers in December 1988. In March 1989, the Case Development Committee approved twelve cases to be developed further and six cases to be revised. Six cases are still in the initial stage of development.
5. Developed criteria for the selection of Scoring Key Development Committee members (SKDC).

**GOAL III: Pilot Testing****Objective**

- A. Examine the validity and reliability of computerized clinical simulation tests as a basis for making nursing licensure decisions.

**Strategies**

1. Reviewed the research questions and plans for pilot testing the clinical tests.
2. Discussed implications of computerized testing on handicapped candidates and reviewed literature on research that has been reported to date.

**GOAL IV: Disseminating Information****Objective**

- A. Develop and implement a plan for promoting the use of clinical simulation testing in nursing licensure examinations with Member Boards and the nursing community.

**Strategy**

1. Members of the Steering Committee presented the Computer Model and the Case Development process at each Area Meeting in 1989.

During the second and third year of the project, the cases will be programmed and scored. The Scoring Key Development Committee will be oriented to the scoring process and, as clinical experts, they will score each simulation. Field testing and pilot testing will be conducted to establish reliability and validity of the simulations. The CST Steering Committee will continue to disseminate information regarding the use of CST.

**Committee Members And Staff**

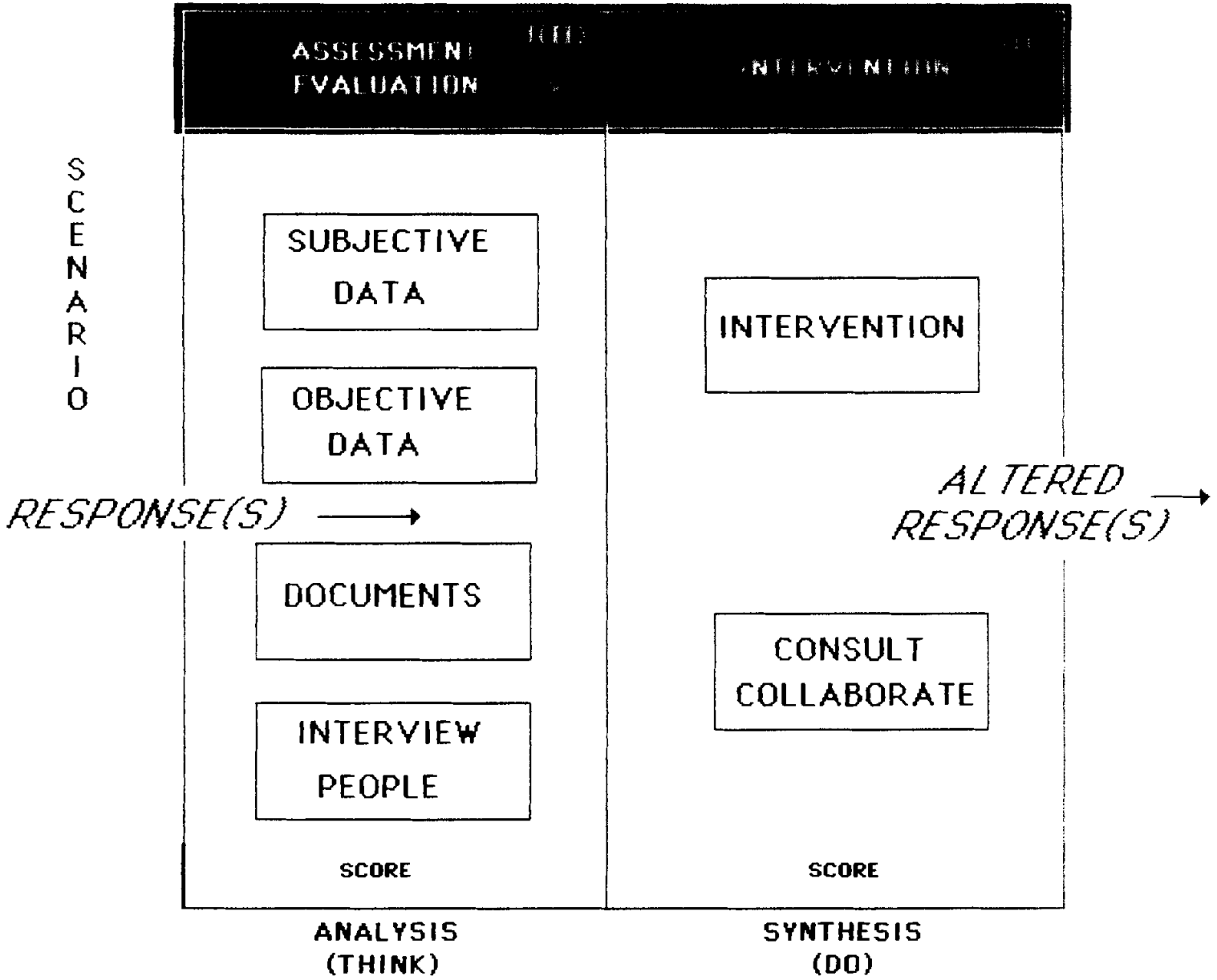
	<u>STATE</u>	<u>AREA</u>
Shirley Dykes, <i>Chairperson</i> January 1989 to present	AL	III
Sherry Smith, <i>Chairperson</i> July 1988 to January 1989 (served until her term on State Board of Nursing expired)	IN	II
Patricia Beck	NY	IV
Debra Brady	NM	I
Eva Matherly	ID	I
Barbara McCant	GA-RN	III
Carol Tharp	MO	II

V. Barbara Hynes, Ed.D., R.N., *Project Director, Computerized Clinical Simulation Testing*

Carolyn J. Yocom, Ph.D., R.N., *Director of Research Services*



# CST COMPUTER MODEL OF NURSING PRACTICE



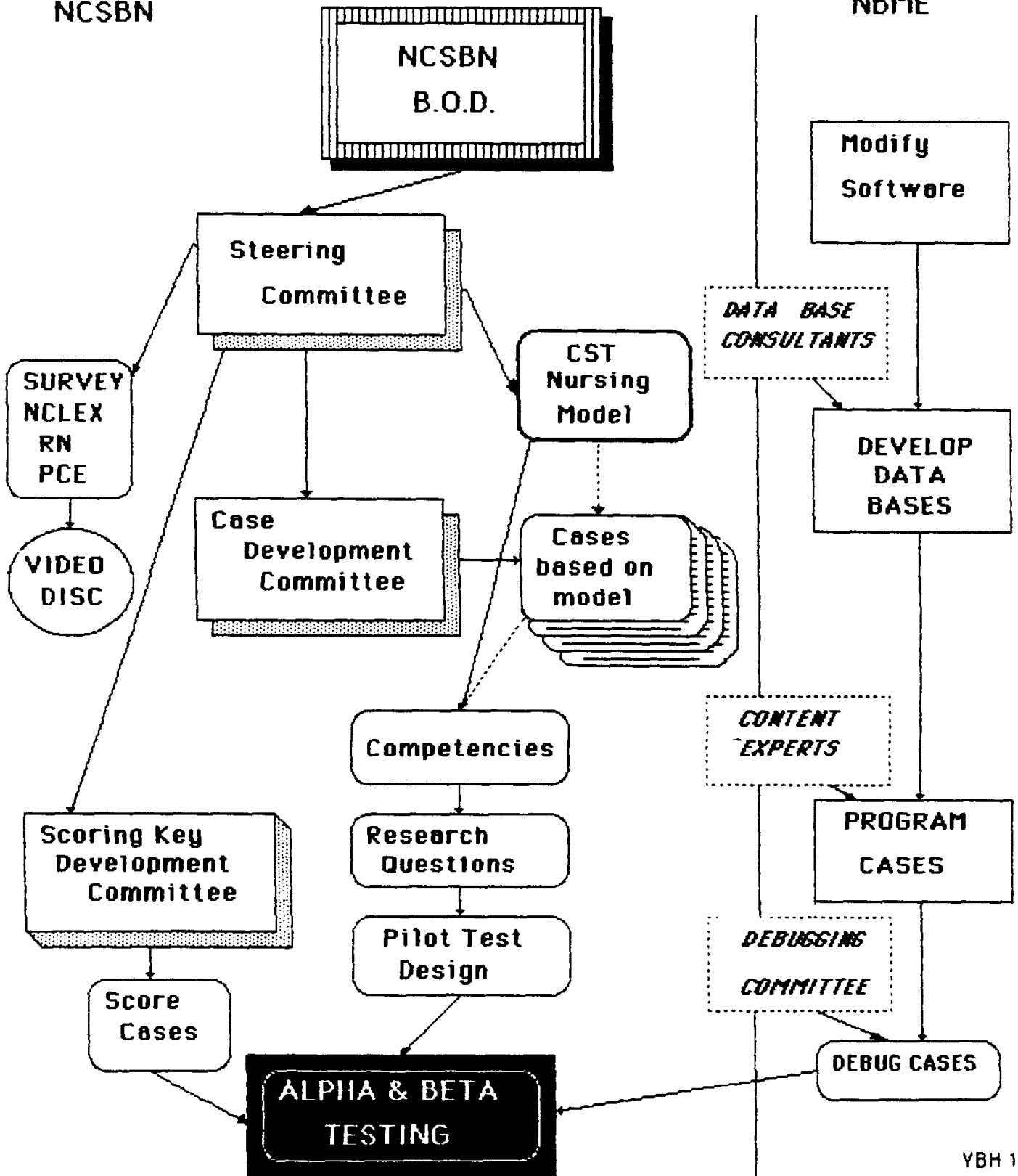
# DEVELOPMENT PROCESS

Attachment B

## CST

CHICAGO  
NCSBN

PHILADELPHIA  
NBME



# **National Board of Medical Examiners (NBME) Annual Report**

## **Computerized Clinical Simulation Testing Project (CST)**

### **I. PLANNING AND SPECIFICATIONS:**

#### **Specification of CST case pool content:**

To this date, thirty-six (36) cases have been specified by the CST Steering Committee as the CST case pool.

#### **Selected model customizations:**

NBME assisted the Steering Committee in identifying the following list of model customizations:

1. Within the Nursing History function provide the ability to obtain the following:
  - a. Interview Family/Significant Other
  - b. Update Patient Interview
2. The complete nursing history should not be broken down into component parts. It should be a part of the chart review section. Review of material from the chart will be recorded only as the major chart section reviewed. An automatic clock advance may occur when the chart is reviewed.
3. Within the Physical Assessment, separate the specific assessment components. Allow the candidate to choose from a list of physical assessment components.
4. Collaboration with other health professionals will be handled through the data base by allowing the examinee to call the consultant. When the examinee types in "call charge nurse" or "collaborate with charge nurse", the system will match with the term "charge nurse". A list of the possible reasons for calling the charge nurse will be produced for the examinee to choose from.
5. It will not be the responsibility of the candidate to administer routinely scheduled (around the clock) medications and therapies. The candidate will be instructed either at the beginning of the case, or during the case, that the administration of routinely scheduled medications and therapies will be carried out by the system.
6. The model will not include methods for eliciting nursing diagnosis or writing nursing care plans.
7. The nursing intervention screen will instruct the examinee to type in their desired nursing measures. If the examinee requests a nursing procedure (an action that is to be carried out by the nurse him/herself), the time it takes to carry out the procedure will be reported on the screen. The examinee will then have the opportunity to cancel the request or confirm it and have it carried out.

8. When a test or therapy is requested by the examinee without a doctor's order, the computer screen will instruct them to request a doctor's order for non-nursing measures. When the examinee types in a request for a doctor's order such as: "Request doctor's order for Penicillin", the default response to the request will read "the doctor does not wish to order that therapy at this time". Requests for doctor's orders may be accepted on a case specific basis. In that case, the test or therapy will be ordered by the doctor, and the examinee will be informed of the order.
9. The Steering Committee suggested that the H&P screen be called ASSESS; the review screen be called REVIEW; and the ORDER screen be called INTERVENE.

## **II. SIMULATION DEVELOPMENT:**

NBME assisted in the orientation of the CST Case Development Committee which took place on December 7-9, 1988. NBME developed some of the forms used in the case development process.

## **III. DEFAULT DATA BASE MODIFICATIONS:**

### **Data base consultant:**

NBME placed an advertisement, developed by the Steering Committee, and interviewed the candidates after National Council of State Boards of Nursing (NCSBN) staff had reviewed the resumes. NBME consulted with NCSBN staff regarding hiring.

A CST data base consultant was hired on March 30, 1989, to assist in determining appropriate nursing terms for use in the CST default data base.

NBME assisted the Steering Committee in identifying the following position description for the CST data base consultant:

1. Find sources of nursing measures (nursing observations, nursing interventions, health teaching).
2. Review sources for nursing measures appropriate for use in the CST data bases.
3. Differentiate nursing measures by availability in different locations.
4. Determine nursing measures needing auto clock advance.
5. Determine the average amount of time each nursing measure takes to perform in real life. This time will become the automatic clock advance for that nursing measure in the data base.
6. Define textual default responses for each nursing measure in the CST data base.
7. Determine textual interactions between nursing measures in the CST data base.
8. Define synonyms for the nursing measures in the CST data base.

## **IV. VIDEODISC DEVELOPMENT:**

### **Specification of visuals to be obtained:**

NBME provided consultation regarding the feasibility of video development.

# Report of Executive Director

## Introduction

This report summarizes the major activities of the National Council staff from May 1988 through April 1989. Activities are grouped within program areas and are cross-referenced to the National Council's Operational Plan. An organizational chart of staff and a description of their responsibilities is found in a separate section of the Book of Reports.

## National Council Licensure Examinations

Staff in testing services provided support to the Examination Committee, Administration of Examination Committee, Committee on Special Projects, and the Task Force on Examinations for the Future during the time period covered by this report.

In connection with the revision of the NCLEX-RN test plan in 1988, testing services staff coordinated planning, implementation, and reporting of standard setting sessions. Following the increased failure rate experienced in July 1988, staff worked to analyze possible causes, respond to inquiries from Member Boards and others, and provide appropriate written resources.

The statements of knowledge, skills, and abilities (KSAs) required for safe and effective practice as an entry-level registered nurse were generated by the Assistant Director of Testing Services under the supervision of the Examination Committee. In draft form, these were available for use by item writers during two sessions in July 1988 and one in January 1989. The final form of the KSAs was published as the Detailed RN Test Plan in January 1989.

Testing services staff coordinated with the test service (CTB/McGraw-Hill) the implementation of pass/fail reporting of NCLEX results beginning with the October 1988 administration of NCLEX-PN. Written materials were provided for Member Boards' use in explaining the changes to candidates and others. Following the February 1989 NCLEX-RN, staff worked with CTB/McGraw-Hill (CTB) to implement changes in the Diagnostic Profiles suggested by Member Boards to make the Profiles more useful and understandable.

Support for the revision of the NCLEX-PN test plan has been provided by staff. A test plan retreat for the Examination Committee and consultants was organized for October 1988. Job analysis data were analyzed to arrive at appropriate weights (percentage allocations) for revised test plan categories. A consultant has been identified and oriented to the task of writing the knowledge, skills, and abilities (KSA) statements which will accompany the revised test plan, as adopted by the Delegate Assembly.

Subcommittees of the Examination Committee dealing with setting different passing scores, ethnicity/gender bias and person-fit analyses, and continued competence were provided staff support for meetings and various research and planning activities.

Staff completed work on an audiovisual presentation on test development under the direction of the Examination Committee. The presentation has been used by 22 Member Boards to date.

Testing services staff created procedures for the implementation of the Crisis Management Plan approved by the 1988 Delegate Assembly. Activities have included preparation of printing materials for the designated reserve examination, answer sheet design, destruction of the outdated stored reserve examinations, and coordination of crisis management plans with CTB and the designated printer of the reserve examination.

Staff assisted the Administration of Examination Committee in preparing drafts of the revised Security Measures in preparation for the 1989 Delegate Assembly. Security of the examinations was also monitored on an ongoing basis, with all unusual situations reported promptly to the Committee and appropriate follow-up initiated with CTB. Staff organized a security session at the 1988 Delegate Assembly and security procedures workshops at each Area Meeting on behalf of the Administration of Examination Committee.

In preparation for the 1988 Delegate Assembly, the Director of Special Projects prepared materials describing the options for the Computerized Adaptive Testing (CAT) feasibility study to be presented to the delegates. These included a Research Design Flowchart, budgets for the options, field test dates, and the plan for legal analysis. Following adoption by the Delegate Assembly of the joint recommendation of the Examination Committee and Committee for Special Projects to proceed with Phase II of the CAT feasibility study including RN field testing, staff have managed activities related to the following: additional "targeted" RN item production, completion of the CAT software, research partnership with the American Society of Clinical Pathologists, follow-up funding and corporate sponsorship proposals, legal analysis of CAT by two organizations, field test research plans, field test security measures, and applications by Member Boards to be field test states.

Testing staff work with the CTB staff to coordinate the reports and recommendations of the test service with the various activities of National Council committees and the Board of Directors. During the past year, regular reports have been received and analyzed by staff on technical construction and analysis of each examination, ethnicity/gender bias analysis, and person-fit analysis. Requests for special reports have been conveyed and interpreted by staff to CTB, addressing the topics of dimensionality, standard setting, increasing frequency of NCLEX administrations, and investigations of specific item characteristics such as difficulty and effects of presentation in the case format.

Regular monitoring of CTB's performance with respect to services stipulated in the contracts with the test service and data center is an important activity of National Council testing services staff. During the past year, contract evaluation discussions were held in August, November and March. Special attention was focused on resolution of specific errors that occurred and procedures that would prevent recurrence.

A new procedure to increase accuracy of the program codes system was developed and implemented by testing staff in cooperation with data center staff. The system requires timely entry of code change information and computerized cross-checking of all codes.

Staff in the public policy area have continued to monitor the progress of legislation related to truth-in-testing. As a proactive measure for dealing with potential legislation, staff in testing and public policy have remained abreast of developments related to the establishment of an independent agency for auditing "high-stakes" testing practices as an industry self-regulatory mechanism.

**Nurse Aide Competency Evaluation Program**

Staff provided support to the Task Force on the Evaluation of Nurse Aides and the Nurse Aide Competency Evaluation Program (NACEP) Committee during the period covered by this report. The Task Force performed a study of the feasibility of the National Council developing a nurse aide competency evaluation, which was reported to the 1988 Delegate Assembly. The proposal described a program that would meet all requirements of the Nursing Home Reform Act contained in the federal Omnibus Budget Reconciliation Act (OBRA) of 1987. Staff work included development and dissemination of a request for proposals for testing services under the direction of the Task Force and Board of Directors. This enabled the fiscal impact of the program to be calculated for presentation to the 1988 Delegate Assembly.

An important staff activity throughout the development of the Nurse Aide Competency Evaluation Program has been contact with staff at the Health Care Financing Administration (HCFA), which is the federal agency responsible for issuing administrative regulations for the implementation of OBRA. Staff have prepared several letters to HCFA with commentary on proposed guidelines or requests for clarification; responses have been shared with Member Boards for information. Staff attended two meetings at HCFA headquarters in Baltimore.

Similarly, the exchange of information on state activities related to implementation of OBRA has been a function of National Council staff. In order to facilitate this, staff attended a meeting of boards of nursing, primarily from Area I, in Denver during September. A product of that meeting was a state activities questionnaire which staff disseminated to Member Boards. Responses were entered into a database to facilitate compilation and reporting to respondents. An update of the survey was disseminated and reported several months later; and a third update is currently in process. Several staff members have supported Member Boards working on language for legislation or rules by providing samples of similar work done by other boards. This clearinghouse function was endorsed by the Board of Directors in early 1989 as an important service to be provided by staff.

After approval of program development by the Delegate Assembly, staff coordinated the send-out of the second round Request for Proposals for test services. The three full proposals received were circulated to selected persons for review according to a process approved by the Board of Directors. Staff compiled the evaluations for presentation to the Board in November. After selection of The Psychological Corporation as the NACEP test service, staff served on the team to negotiate the contract and launch the marketing effort.

A Program Manager was added to the testing staff in October to manage National Council activities related to NACEP. The Program Manager assisted with the conduct of a nurse aide job analysis by an expert panel in October. Staff solicited nominations for appointment to the NACEP committee, and coordinated the first meeting of the committee in November between the members and The Psychological Corporation.

Following the NACEP Committee's first meeting, staff prepared the NACEP blueprint for submission to the Board of Directors for approval. The final version, approved by the Board, was transmitted to The Psychological Corporation for printing. Staff coordinated dissemination to Member Boards.

From December through April, staff has worked to obtain sufficient item writers, item reviewers, and task developers to attend the workshops sponsored by The Psychological Corporation to

produce the items and tasks needed for initial NACEP forms. Staff have visited several workshops for purposes of monitoring procedures used. Development of an expanded blueprint is currently underway as a project of a subcommittee of the NACEP Committee, supported by staff.

Marketing efforts for NACEP have been chiefly the responsibility of The Psychological Corporation (TPC). However, in order to interpret to states and other potential NACEP consumers the role and reputation of the National Council, and rationale for its involvement in NACEP, National Council staff have accompanied TPC staff to a majority of the conventions at which NACEP materials have been exhibited. Staff has also participated in several regional meetings of states convened for purposes of discussing nurse aide competency evaluation, and have accompanied TPC sales staff on a number of individual state visits. (The complete report of The Psychological Corporation is included under another business agenda item.)

#### **Public Policy Analysis**

In the public policy area, staff provided support to the Nursing Practice and Education Committee, the Subcommittee on PN/VN Competencies, the Subcommittee on the Nurse Shortage, and the Subcommittee to Study Regulatory Models for Chemically Dependent Nurses. In addition, coordination of activities of the subcommittees of the Nursing Practice and Education Committee was facilitated by public policy staff.

Among the public policy topics receiving significant attention by National Council committees and staff were the nurse shortage and the Registered Care Technologist (RCT) proposal. National Council staff supported and participated, along with elected representatives, in several joint meetings and activities with other nursing organizations at which these topics were addressed. These included a meeting of the nursing Tri-Council (American Association of Colleges of Nursing, American Nurses' Association, American Organization of Nurse Executives, National League for Nursing) in July 1988; an invitational conference coordinated by the American Organization of Nurse Executives (AONE) in August; a meeting of the National Federation of Specialty Nursing Organizations in October; another meeting of the Tri-Council in October; and a meeting with the ANA in October.

Partly as a result of the nurse shortage, and partly as a result of our growing sense of "global village," the international regulation of nursing is a policy issue receiving increased attention. The International Council of Nurses, through funding provided by the W.K. Kellogg Foundation, is sponsoring a Regulation of Nursing Implementation Project to which the Executive Director of the National Council was named as one of two representatives of the United States. (The other representative is the Deputy Director of the American Nurses' Association.) Two of three meetings of a project group consisting of English-speaking nations from North America, the Caribbean, and southern Africa, have been held. The cooperative project selected by the U.S. representatives is a statement to be issued jointly by the National Council and ANA on the nurse shortage. An outline of the joint statement was presented to the Board of Directors and routed to the Subcommittee on the Nurse Shortage of the Nursing Practice and Education Committee for further refinement and expansion.

Staff supported the work of the Subcommittee on the Nurse Shortage, including performance of and compilation of responses to a survey of Member Boards on the nurse shortage. Surveys to gather input on the Uniform Requirements for Endorsement and Uniform Requirements for Foreign Graduates were prepared, disseminated to Member Boards, and responses compiled by staff on behalf of the Nursing Practice and Education Committee. Research staff continued to collect data



to support the Committee's annual update to the Delegate Assembly on entry-into-practice and continued competence activities of Member Boards.

Under the direction of the Subcommittee to Study Models for the Regulatory Management of Chemically Dependent Nurses, staff queried foundations regarding their interest in supporting a research study designed by the subcommittee. Staff have also identified a consultant with the appropriate expertise to advise the subcommittee on development of the research proposal.

Staff continued to produce monthly reports and summaries of statistical data for circulation to Member Boards based upon the National Council's Disciplinary Data Bank. Several options for expanding or streamlining Disciplinary Data Bank services were considered by the Board of Directors, but action was deferred pending developments related to the federal National Practitioner Data Bank (NPDB). In recognition of the National Council's leadership in banking of disciplinary data, the Director of Public Policy Analysis was appointed to the Health Resource Service Administration (HRSA) Executive Committee and to the Technical Advisory Group for the implementation of the NPDB.

Trends and issues related to public policy are monitored on an ongoing basis by staff. Federal initiatives are analyzed and reported periodically in the Newsletter, and analysis of state initiatives is included in the *State Nursing Legislation Quarterly*.

#### Communications

The area of communications has several identifiable sub-areas related to the goals of the National Council. One of these is the publications program. Two other areas, intraorganizational and interorganizational communications, include meetings, presentations, liaisons, and public relations within the National Council structure and with external organizations related in some way to the mission of the National Council. Within the area of communications, staff provide support for the Communications Committee and the Convention Planning Committee. A change in staff, filling the position Director of Communications, took place in April 1989.

Staff supported the development of an awards program, designed to recognize and honor National Council volunteers and initiated during the Tenth Delegate Assembly.

#### Publications

Four issues of the *State Nursing Legislation Quarterly* have been edited and published by staff in the communications area. The subscription base currently stands at 735, including 61 Member Boards (non-paid). For the winter issue, a change was made to utilize a computerized service for obtaining copies of legislation which has streamlined the review and compilation process.

*Issues* has been edited and published by staff four times during the past year (Volume 9, nos 2-3; Volume 10, nos 1-2). The topics for *Issues* were computerized adaptive testing; Tenth Delegate Assembly; influence in the political arena; and international regulation of nursing. A two-part article on NCLEX development was included in response to the many questions received by Member Boards and staff following the July 1988 NCLEX-RN.

Communications staff published and distributed the *Newsletter* to Member Boards on a biweekly basis. Items included by staff in the *Newsletter* on a regular basis are committee reports; Board of Directors agendas, major actions and minutes; Disciplinary Data Bank reports; analyses of federal

legislation; solicitations for persons to serve in various capacities; examination statistics; notice of upcoming events; and updates to the National Council Manual.

Annual reports for 1987-88 and 1988-89 have been prepared and published by staff, according to the direction given by the Delegate Assembly.

The preparation of the 1989 *Book of Reports* has been implemented by staff in ring binder format. The Board of Directors determined that this would allow longer time for committees and others to complete the reports of their year's work, and also provide greater flexibility to convention attendees for insertion of materials received after the initial mailing. Staff have attempted to design the organization and materials for the *Book of Reports* with these objectives in mind.

Following adoption by the 1988 Delegate Assembly, communications staff facilitated publication and dissemination of the Model Nurse Practice Act, Model Administrative Rules, and reports of the RN and PN/VN Job Analysis Studies produced by American College Testing.

Communications staff monitor the production and marketing of publications for which the National Council receives royalties, by virtue of its contribution to the concept or content of the product. These include the Summary Profiles (CTB), the Diagnostic Readiness Test (NLN), and the NCLEX-RN and NCLEX-PN study guides (Chicago Review Press). The latter received special staff attention over the past year due to the low level of marketing activity and occasional problems with availability of the study guides for purchase. Several meetings with the president of Chicago Review Press have been held to communicate the National Council's expectations for improvement in these areas.

Research and communications staff members have cooperated to produce and publish compilations of 1985 licensure and examination statistics. The compilations for 1986 and 1987 are scheduled for production prior to the end of the fiscal year.

Individual staff members have had articles published in various journals. The Directors of Public Policy Analysis and Testing Services prepared an invited article for *Imprint*, the journal of the National Student Nurses' Association containing general information about the development, administration and scoring of NCLEX and a brief overview of future examination-related activities.

The Director of Testing Services wrote an article, "Reporting Results: How Much Is Enough?" for the NCEI Newsletter. The newsletter is a publication of the examinations section of the Clearinghouse on Licensure, Regulation and Enforcement (CLEAR).

#### **Intraorganizational Communications**

Staff have visited a number of Member Boards during the course of the year, some as a part of the field visit program and others while in attendance at another function in the same city.

The field visit program was initiated by the Board of Directors in 1987 to provide a means by which new Member Boards or Boards wishing assistance of some sort could request a visit; or, in the absence of these needs, a number of boards could be selected for visits each year for the purpose of increasing communications and awareness of needs and resources both on the part of the Member Board and the National Council. During 1988-89, field visits were made to Florida, Louisiana, Arizona, and Indiana by staff; and to American Samoa by the chairperson of the Administration of Examination Committee. Staff have recently completed work on a monograph

on regulation, including the roles of a regulatory board, individual board members, and board staff, for use by and with Member Boards during field visits and at other times.

A visit was also made to the Puerto Rico Board of Nursing by the Executive Director in June 1988 to discuss proposed contract provisions and security measures for administration of NCLEX. Staff have followed up with answers to various questions submitted by the Puerto Rico Board over the past year, but a contract has not been signed to date.

A number of Member Boards have sponsored informational meetings on NCLEX during the past year and invited National Council staff to be presenters at these meetings. Presentations were made by staff for the following boards: California-RN, Hawaii, Virginia, Ohio, New Jersey, Florida, Iowa, Missouri, North Carolina, South Carolina, and New York.

The Acting Executive Director and Director of Special Projects accompanied the President to all Spring 1989 Area Meetings; the Director of Public Policy Analysis also attended the Area III Meeting. A report on staff activities was given at each meeting.

Staff continue to coordinate provision of the National Council electronic mail network (NCNET). The number of subscriptions has increased from eleven to eighteen over the past year. Staff have assisted Member Boards in training and troubleshooting, as well as providing some expanded services on NCNET.

A fall orientation/planning session was held for Board of Directors, committee members and staff at Oak Brook Hills Conference Center near Chicago in late October 1988. Under the guidance of the Coordinating Committee, staff planned for the meeting site and functions, and produced appropriate orientation and planning materials for use by participants.

Staff from several areas cooperated in planning the National Council's first Regulatory Conference, held in February 1989 in Monterey, California. The conference, which was planned in conjunction with the CTB NCLEX Invitational Conference, had over 100 registrants.

The Director of Computer and Convention Services supported the Convention Planning Committee in preparations for the 1989 convention at the Hyatt Regency Chicago. Advance planning for the 1990 convention program is underway. Staff provided requested information to the Committee and Board of Directors to assist in deciding upon the 1992 convention site.

#### **Interorganizational Communications**

External organizations have requested that National Council staff serve as speakers for various purposes throughout the year. Since the number of such requests was increasing to a level that was beginning to hinder staff from carrying out their regular responsibilities, the Board of Directors, at its November meeting, approved a policy setting priorities for acceptance of speaking engagements. Basically, the policy states that Member Board requests have priority, and that grouped/regional meetings have priority over single-institution meetings. Staff speakers request for the National Council the honorarium specified by Board policy. Staff have accepted the following speaking engagements during 1988-89:

- Presentations on the revised NCLEX-RN test plan and examination construction for the Medical College of Pennsylvania (Director of Research Services)

- Presentations on Computerized Adaptive Testing and Computerized Clinical Simulation Testing for Chicago Area Testing Organizations (CATO) (Directors of Special Projects and Research Services)
- Presentation on major decisions of the 1988 Delegate Assembly, CAT and CST projects, and NCLEX-RN 788 results for the Assembly of Hospital Schools of Nursing (of the AHA) (Director of Research Services)
- Presentation on NCLEX-RN 788 results, standard setting, test plan revision for the American Association of Colleges of Nursing (Director of Testing Services)
- Guest lecturer on "The Kaleidoscope of Nursing Practice" for the dedication of the Allegheny General Hospital conference center in Pittsburgh (Executive Director)
- Sectional entitled "Problem Identification in Conflict Resolution" for the American Society of Association Executives annual meeting (Executive Director and Director of Administration)
- Sectional entitled "Information Flow in Crisis Management" for the American Society of Association Executives annual meeting (Director of Testing Services)
- Symposium entitled "Job Analysis: How Does the Purpose Affect the Procedure?" for the American Educational Research Association (Acting Executive Director)
- Paper presentation entitled "The Use of Normative Decision Models to Identify and Train Effective Clinical Decision Makers" for the American Educational Research Association (Director of Administration)
- Paper presentation entitled "The Effects of Multidimensionality on the Observed Information Characteristics of a Conventional Test" for the National Council on Measurement in Education (Director of Special Projects)
- Paper presentation entitled "Differences in Frequency of Performance of Selected Nursing Activities by Newly Licensed Registered Nurses: 1985 to 1988" for the Midwest Nursing Research Society (Director of Research Services)
- Paper presentations entitled "Decision Making in Clinical Nursing Practice: Consistency with Decision Analytic Outcomes" and "Identification of Effective Decision Makers Using the Decision Analytic Questionnaire: Implications for Nurse Administrators" for the Midwest Nursing Research Society (Director of Administration)
- Program on NCLEX for the Tennessee Deans and Directors group (Director of Research Services)
- Program on NCLEX for the Northeast Coalition of Hospital and Diploma Schools of Nursing (Director of Research Services)

- Keynote address entitled "Test for Success: Past, Present and Future" and panel discussion on "Should nursing educators have information about and input into the State Board Examination?" for teleconference presentation organized by the Nursing Department of Northern Virginia Community College (Director of Research Services)
- Keynote speaker for the Massachusetts/Rhode Island League for Nursing annual meeting (Acting Executive Director)

Staff attended several meetings of other organizations as representatives of the National Council. Among these were the annual convention of the National Federation of Licensed Practical Nurses (NFLPN); National Federation of Specialty Nursing Organizations; National Commission on Nursing Implementation Project (NCNIP) Wingspread Conference; the annual convention of the American Organization of Nurse Executives (AONE); the biennial convention of the National League for Nursing (NLN); the annual meeting of the American Nurses' Association (ANA); the national meeting of the Clearinghouse on Licensure, Regulation and Enforcement (CLEAR); the fall education conference of the Chicago Society of Association Executives; the national meeting of the American Society of Association Executives; and the National Organization for Competency Assurance.

The Director of Public Policy Analysis serves on the board of the Federation of Associations of Regulatory Boards (FARB), and participated extensively in program planning for the 1989 FARB Forum.

The Acting Executive Director arranged for and participated with the President in liaison meetings with the chief elected and executive officers of the American Nurses' Association and American Organization of Nurse Executives. Liaison via telephone and written correspondence with other nursing organizations was maintained by staff, including the American Association of Colleges of Nursing, the Commission on Graduates of Foreign Nursing Schools, the Interagency Conference on Nursing Statistics, the National Association for Practical Nurse Education and Service, the National Center for Nursing Research, the National Commission on Nursing Implementation Project, the National Federation of Licensed Practical Nurses, and the National League for Nursing.

#### **Research**

Staff in the research area provide support to the Job Analysis Monitoring Committee and the Nurse Information System Committee. In addition, research staff represent the National Council at meetings of the Interagency Conference on Nursing Statistics, the National Center for Nursing Research, and the Division of Nursing.

Under the guidance of the Job Analysis Monitoring (JAM) Committee, research staff have developed and pilot tested an additional instrument (to be used with the Survey of Nursing Activities developed by American College Testing) for use in future RN and PN job analysis studies. In response to the directive of the 1987 Delegate Assembly, the instrument has been designed to be sensitive to the effects of contextual variations in practice, i.e., to detect "qualitative" differences. After consulting with job analysis experts, the JAM Committee and staff determined that a critical incident methodology was the most appropriate for the additional instrument. A sample of 325 newly licensed nurses was selected for participation in the pilot study. Staff have also contacted health care institutions and located approximately 55 newly licensed nurses working under differentiated job descriptions, who have been asked to participate in the pilot. (The report of the outcomes of the pilot testing is included under another business agenda item.)

The Computerized Clinical Simulation Testing (CST) Project, funded in February 1988, became operational during 1988-89. Staff arranged with the W.K. Kellogg Foundation for an adjustment of the project funding start date to July 1, 1988, to make allowance for start-up time. A Project Director was hired and began work in September. Since that time, staff have supported work of the Steering Committee for the CST Project, including selection of case developers and scoring key developers, and the employment of a database consultant. Sixteen cases have been developed and are currently in various stages of refinement and testing. Substantial staff work has gone into the design of a Nursing Model for CST. Much staff time has also been devoted to the coordination of activities with the National Board of Medical Examiners (NBME), which is under contract to the National Council to modify its CBX system for use in nursing examinations.

Staff have worked not only with NBME project staff, but also with management to negotiate a software license and maintenance agreement which will allow the National Council to use and sublicense the developed software for all types of testing related to nursing (e.g., licensure, continued competence, education). Negotiations are still underway at the time of this report.

In connection with work overseen by the Nurse Information System Committee, staff have communicated with external organizations interested in supporting the development of a licensee data base. The American Nurses' Association and the National Commission on Nursing Implementation Project (NCNIP) have both expressed such interest. Staff participated in a meeting sponsored by NCNIP which focused on "Developing the Data Base for Nursing Personnel and Nursing Education." Funding queries have been sent by staff to 19 foundations to determine their interest in supporting the National Council's development of the Nurse Information System.

As representative to National Center for Nursing Research meetings, staff is assisting with development of a classification matrix that will permit identification of research resources and research topic "gaps." In Division of Nursing meetings, staff has assisted with the review and update of criteria for estimating requirements for nursing personnel in the years 2000, 2010, and 2020.

Research staff assisted in support of the Convention Planning Committee by drafting criteria for submission and selection procedures for the 1989 Research Forum. Procedures and deadlines were publicized by staff in the Newsletter.

#### **Organizational and Operational Matters**

In the area of organizational activities, staff provided support for the Finance Committee, Bylaws Committee, Committee on Nominations, Coordinating Committee, Board of Directors, and the Executive Director Search Committee.

In support of Finance Committee activities, staff have invested National Council funds; performed financial forecasting, produced quarterly financial statements and schedule of investments; analyzed and compared costs and revenues of National Council program areas; and provided requested documents for the annual audit. Staff in all program areas contributed projections of revenues and expenses for the drafting of the Fiscal Year 1990 operational and capital acquisitions budgets.

The Coordinating Committee used a database created by staff in its task of making appointments to committees. Staff compiled and edited drafts of the FY89 and FY90 activities for the Operational Plan, and disseminated the final copy to Member Boards after Board of Directors approval. Due to changes in federal laws regulating employee benefits, staff and legal counsel

prepared alternative benefit packages for consideration by the Coordinating Committee and Board of Directors.

Staff assisted the Executive Director Search Committee in placement of advertisements, provision of organizational information, and typing of correspondence, as requested.

Member Board needs for renewal or amendment of their contracts with the National Council were coordinated through staff with legal counsel. Staff monitor performance of all contractors and other major providers of services (legal, parliamentary, accounting) on a regular basis and facilitate formal evaluations annually.

At the direction of the Board of Directors, staff investigated and negotiated terms for space for the National Council headquarters offices. Work with real estate and architectural firms continues.

Staff installed WordPerfect wordprocessing software on all office computers and provided extensive, tailored training for administrative and support staff. Programming, enabling the National Council to load, read, and query General Research Tapes received from CTB/McGraw-Hill, was completed. Desktop publishing software has been used to produce the *State Nursing Legislation Quarterly* and some other publications in-house.

#### **Conclusion**

The eleventh year of the National Council has been marked by both change and continuity. In terms of staff changes, two persons came to assume new administrative-level positions: the CST Project Director in September and the NACEP Program Manager in October. Two administrative-level staff left their positions: the Executive Director and the Director of Information Services. The latter position was filled in April, at which time the title was changed to Director of Communications. Three support staff positions turned over in the past year. Two people came to fill new support staff positions: a secretary in the communications area and a secretary for the CST project. While new staff members have brought fresh ideas and new strengths to the organization, current staff, through staff development opportunities and the challenge of new committees and activities, have grown and developed throughout the year.

Through all changes, continuity was maintained. Sixteen staff continued in the same positions, gaining experience and depth in their areas of responsibility. The framework of the organization itself provides for the greatest continuity. The adopted goals, objectives and strategies of the National Council, along with the bylaws and mission statement give focus to all activities of staff and volunteers alike.

1988-89 NATIONAL COUNCIL STAFFAdministrative Staff

Burleigh P. Angle, M.A.	Director of Computer & Convention Services
Jennifer Bosma, Ph.D.	Acting Executive Director Director of Testing Services
Wayne Chamberlain	Director of Information Services (through 4/89)
Victor Crown, M.S.	Editor, <i>State Nursing Legislation Quarterly</i>
Eileen McQuaid Dvorak, Ph.D., R.N.	Executive Director (through 1/89)
Barbara Schroeder-Halsey, B.S.	Program Manager - Nurse Aide Competency Evaluation Program
Kathleen J. Hayden, B.B.A.	Financial Manager
Kathy Kostbade Hughes, Ph.D., R.N.	Director of Administration
V. Barbara Hynes, Ed.D., R.N.	CST Project Director
Marsha Kelly, M.S., R.N.	Director of Public Policy Analysis
William J. Lauf, M.B.A., C.D.P	Deputy Director of Administrative Support Services
Nancy Miller, M.S., R.N.	Assistant Director of Testing Services
Debra A. Tomsy	Administrative Assistant, Testing Services
Ann Watkins	Office Manager
Susan Woodward	Director of Communications
Carolyn J. Yocom, Ph.D., R.N.	Director of Research Services
Anthony R. Zara	Director of Special Projects

Support Staff

Cheryl Dillon	Valerie Tolson
Charrisse Franklin	Mary Trucksa
Michelle Maloney	Ernestine Ware (through 2/89)
Danyetta Murray	Andrea Wilburn
Helene Pensinger, (through 10/88)	Sandra Workman
Cynthia D. Titus	Debra Wright (through 7/88)



# Report of the Finance Committee

## Activities

The Finance Committee met October 30 - November 1, 1988; January 8 - 9, 1989; March 29 - 31, 1989; and June 4 - 5, 1989. In addition, telephone conference calls were held January 25, 1989, and April 24, 1989.

In accordance with the Bylaws, the Finance Committee has provided general supervision of the finances of the National Council. The Committee has reviewed the quarterly financial reports, evaluated the fiscal impact of all proposals presented to the Board of Directors, and developed the FY90 budget proposal for approval of the Board.

The Operational Plan has guided the work of the Committee for the past year. The following summarizes the activities completed by the Committee.

Goal II: Utilize human and fiscal resources efficiently to allow for growth and creativity.

Objective A: Implement a planning model to be used as a guide for development of NCSBN.

### Strategy 3: Evaluate the program budgeting system of the National Council.

The Finance Committee reviewed the financial information on a quarterly basis and compared it to the program budget. Any variances were evaluated and carefully monitored. A cost analysis using the program budget was completed for presentation to the Board.

The FY89 budget was revised in the fall to reflect Delegate Assembly actions. The budget calendar and budget assumptions for the FY90 budget preparation were developed. The Committee prepared the FY90 budget for approval of the Board of Directors.

The fiscal impact statement forms were revised to better account for indirect costs.

### Strategy 4: Investigate the feasibility of new revenue sources for the organization.

The Committee continued to explore new revenue sources. It is anticipated that the Nurse Aide Competency Evaluation Program will be a new source of revenue for the Council. The Committee is also investigating the kinds of services offered by the Council and evaluating current charges for those services. The Committee did decide not to recommend a change in the Member Board fee at this time.

The Committee recommended to the Board a change in the National Council's banking relationship in order to obtain better services. Following approval of the new bank, the Committee has evaluated the new relationship to assure that the services provided are meeting Council needs.

The idea of creating a service corporation was also evaluated. The Committee decided to take no action at this time.

Strategy 6: Maintain financial policies which provide guidelines for organizational development.

The Committee evaluated all financial policies of the Council and revised the policies as required. In addition, all policies dealing with finances were pulled together under financial policies.

The investments of the National Council have been monitored by the Committee. The Committee was very satisfied with the rate of return attained on the investments since the change in the banking relationship.

After interviewing several investment firms and banks, the Committee concluded that it could not justify hiring an investment manager at this time. The Committee felt by employing a bank which was geared to nonprofit organizations of the Council's size, investments could be prudently managed.

Strategy 7: Review and revise the forecast assumptions to maintain a current forecasting model.

The five year financial forecast was reviewed quarterly and updated with any new data available.

The Finance Committee also reviewed all information related to the acquisition of new office space. The fiscal impact was evaluated for review of the Board of Directors.

**Committee Members**

Donna Dorsey, MD, <i>Chairperson</i>	Area IV
Catherine Puri, CA	Area I
Nadine Coudret, IN	Area II
Carol Osman, NC	Area III
W. Stephen Pindell, MD	Area IV

Kathleen Hayden, *Financial Manager*

# Report of the Bylaws Committee

## Recommendation

The Committee recommends the consideration of the five proposed changes as presented in this report.

## Meeting Dates

The Committee met three times: October 31, 1988, April 13, 1989, and May 3, 1989, by conference call.

## Activities

The specific activities of the Bylaws Committee were as follows:

1. Participation in the National Council's FY89 Orientation Session.
2. Review of the National Council Standing Rules not included in the Bylaws during their revision in FY87-88. The rules were reviewed for where the standing rules should be referred for review prior to their inclusion in a Policy and Procedures Manual, to be prepared by the Board of Directors.
3. Review of all proposed changes in Bylaws submitted by Member Boards.
4. Preparation of the proposed changes to the Bylaws for presentation to the 1989 Delegate Assembly.

## Bylaws Committee Members:

Ann Bissonette, NY, Area IV, *Chairperson*

Delia Goggins, CA-RN, Area I

Libby Lund, TN, Area III

Tim McBrady, ME, Area IV

Christine Zambricki, MI, Area II

Marsha Kelly, *Director of Public Policy Analysis*

ATTACHMENT A  
REPORT OF THE BYLAWS COMMITTEE

<u>CURRENT BYLAW</u>	<u>PROPOSED BYLAW CHANGE</u>	<u>RATIONALE</u>	<u>BYLAWS COMMITTEE RECOMMENDATIONS</u>
<p>Article III-Membership and Fees</p> <p>Membership privileges include but are not limited to the right to vote as prescribed in these bylaws and the right to assist in the development of licensing examinations in nursing, except that a member board using a licensing examination in addition to a council examination shall not participate in the development of the Council's licensing examinations.</p>	<p>delete "membership privileges include but are not limited to the right to vote as prescribed in these bylaws and the right to assist in the development of licensing examinations in nursing except that...." Leave sentence, "A member board using a licensing examination....."</p>	<p>Membership presumes privileges and this sentence is unnecessary. Deletion of this sentence promotes clarity as to the intention of the statement concerning use of additional licensure examinations by member boards with subsequent limitations.</p>	<p>The Bylaws Committee does not recommend this proposed change. Bylaws should describe the privileges of membership to assure each member's awareness of those privileges.</p>
<p>Article IV-Areas</p> <p>The purpose of this division is to facilitate communication, encourage regional dialogue on Council issues, and provide diversity of representation on the board of directors and on committees.</p>	<p>Delete</p>	<p>A statement concerning the "division into areas" is a philosophical statement and not to be in the bylaws.</p>	<p>The Bylaws Committee does not recommend this proposed change. Stating the purpose of any structure described in Bylaws is important to understanding why the structure exists and how it should function.</p>
<p>Article V-F 4 Treasurer</p>	<p>Add d - authorize funds and sign checks.</p>	<p>The Treasurer should be enabled to authorize funds in order to expedite this process.</p>	<p>The Bylaws Committee does not recommend this proposed change. Current operations based on the understanding of the role of the Treasurer as "Custodian of funds" allow for the Treasurer to authorize funds and sign checks.</p>

CURRENT BYLAW

PROPOSED BYLAW CHANGE

RATIONALE

BYLAWS COMMITTEE  
RECOMMENDATIONS

Article VII C

The official call to the convention, giving the time and place of the session, shall be sent to each member board at least 90 days prior to the convention.

"shall be submitted to each member board"

The term "sent" is a limiting term and not appropriate in this context.

The Bylaws Committee does not recommend this proposed change. The word "sent" by definition is the appropriate word to use in the context of this Bylaws provision.

Article VII-Meetings

Open Meetings. All meetings called under the auspices of the Council shall be open to the public with the following exceptions:

1. Meeting of the examination committee whenever activities pertaining to test items are undertaken; and
2. Executive meetings of the Delegate Assembly, Board of Directors and Committees whenever that body has voted to hold such a meeting, provided that the minutes of such meeting reflect the purposes of the executive session and the action taken.

2. Executive meetings of the Delegate Assembly, Board of Directors and Committees whenever that body has voted to hold such a meeting, provided that the minutes of such meeting reflect the purposes of the executive session and the action taken.

ADD:

CURRENT BYLAW

PROPOSED BYLAW CHANGE

RATIONALE

BYLAWS COMMITTEE  
RECOMMENDATIONS

3. Executive meetings of the board of directors and committees whenever the following conditions are satisfied:

a. The body has voted to hold such a meeting;

b. Notice is given in a regular open meeting of the general nature of the business to be discussed in executive session and the reason for the executive session;

c. Topics for executive session discussion are limited to examination security, proposed or pending litigation, personnel matters or consideration of disciplinary action against an individual employee or member, if that person has not requested an open meeting,

review of proposals and contract negotiations, or meeting which are specifically required by law to be conducted in privacy; and

d. The minutes of the meeting reflect the purpose of the executive session and that any action requiring a vote of the body was taken in open session.

4. Any action of the Board of Directors or any committee taken in violation of Subsection 3 above shall be void and of no effect.

Members Boards are public agencies which must operate under public scrutiny as mandated by the laws of their respective jurisdictions. The proposed revisions are similar to open meetings laws under which many public agencies operate. Experience has been that these rules do not inhibit agency operations and tend to promote decision making which is truly in the public interest.

Although a private corporation, the National Council is a body composed of state agencies which by necessity conducts business of considerable importance to the citizens of the United States and its territories. While public scrutiny as provided by the Open Meetings Law may not be a

legal necessity, it would be better policy for the affected public and Member Boards themselves to have the maximum access to Council discussions consistent with the mission of the NCSBN.

The Bylaws Committee does not recommend this proposed change. The conditions described are currently being done in compliance with the general principles of open meetings acts and parliamentary authority.

## Report of Examination Committee

### Recommendations

1. Adopt the proposed revision of the NCLEX-PN test plan (Attachment A).
2. The National Council continue to conduct regularly scheduled RN and PN job analyses. Each job analysis shall be done no less frequently than every three years and rotated so that analyses do not occur simultaneously (e.g., RN 1989-90, PN 1990-91, skip 1991-92).
3. Adopt the recommendation in the report on implications of accepting different passing standards for initial licensure (Attachment B).

The Examination Committee supports the report presented by the Nursing Practice and Education Committee regarding continued competence.

### Activities

1. The Committee met at CTB/McGraw-Hill October 2-7, 1988; at the National Council office October 26-28, 1988; at OakBrook Hills October 30 - November 1, 1988; at CTB/McGraw-Hill November 28 - December 2, 1988, March 19-23, 1989 and June 12-16, 1989. Conference calls were held on December 21, 1989; January 18, 1989; May 11, 1989; and July 5, 1989. The Committee met with the Nursing Practice and Education Committee on October 31, 1988, and on April 5, 1989. The Committee met with the Committee for Special Projects on October 31, 1988.
2. Adopted real and tryout items for NCLEX-PN 489 and 089.
3. Adopted real and tryout items for NCLEX-RN 789 and 290.
4. Adopted confidential directions for NCLEX-PN 089 and 490.
5. Adopted confidential directions for NCLEX-RN 789 and 290.
6. Adopted confidential directions for item writing sessions.
7. Evaluated item writing and panel of content expert sessions for process and productivity.
  - a. May 1988 RN-CAT item writing - 15 writers produced 389 items
  - b. May - July 1988 RN-CAT mail-in item writing - 14 writers produced 305 items
  - c. June 1988 PN item writing - 13 writers produced 327 items
  - d. July 1988 RN-CAT item writing - 16 writers produced 398 items
  - e. July 1988 RN item writing - 16 writers produced 429 items
  - f. September 1988 RN panel of content experts - 15 experts reviewed 632 items; 12 were deleted; 620 were approved
  - g. October 1988 RN-CAT panel of content experts - 16 experts reviewed 873 items; 29 were deleted; 844 were approved

- h. December 1988 PN panel of content experts - 15 experts reviewed 530 items; 20 were deleted; 510 were approved
  - i. January 1989 RN item writers - 14 writers produced 294 items
  - j. March 1989 RN panel of content experts - 13 experts reviewed 441 items; 28 were deleted; 413 were approved
8. Reviewed RN and PN items that were designated by Member Boards as inconsistent with state statutes.
  9. Evaluated NCLEX-PN 488, 088, 489 (preliminary report) and NCLEX-RN 788 and 289, following administration. This included a review of item performance, passing results, reliability, mean difficulty level, mean discrimination index, deleted items, mean ability estimate and standard deviation.
  10. Revised the PN test plan. Reviewed comments from Member Boards and incorporated them into the final draft.
  11. The Committee has been reviewing reports from the test service on ethnicity/gender bias for two years. Procedures that will be used for the review of potentially biased items have been approved by the Board of Directors. These will be implemented in FY90.
  12. The Committee has been reviewing reports from the test service on person-fit for two years. Procedures for use of person-fit analysis were approved by the Board of Directors.
  13. The Committee developed a paper on its role in the evaluation of continued competence that was shared with the Nursing Practice and Education Committee and the Board of Directors.
  14. Reviewed a sample of test items flagged in the ethnicity/gender analysis in order to gain an understanding of possible factors leading to flagging.
  15. Reviewed reports from the test service on standard setting, part II of the context effects study and the stability of b-values.
  16. Approved the new review draft schedule and decided to offer Member Boards a choice between review drafts and previously administered examinations.
  17. Developed a memo to Member Boards concerning pass/fail reporting.
  18. Reviewed drafts of the revised Security Measures and Crisis Management Plan to provide input to the Administration of Examination Committee.
  19. Selected January and July RN item writers, August PN item writers, and March RN and September RN panels of content experts.
  20. Discussed the feasibility of increasing the number of NCLEX-RN administrations.
  21. Approved the final revision of the NCLEX-RN detailed test plan.



22. Proposed new criteria and revised the biography form for selection of the panel of judges which was approved by the Board.
23. Proposed mechanisms to better utilize Examination Committee alternates in assisting the Committee with its tasks.
24. Identified RN and PN examinations to be used for the Crisis Management Plan.
25. Discussed implications of the dimensionality study.
26. Began a study to compare CNATS and NCLEX.
27. Approved the examination used to retest the nine Missouri candidates who were reported as passing NCLEX-PN 088 when they had in fact failed.
28. Hired a consultant to develop the PN detailed test plan.
29. Reviewed an article and psychometric and legal analysis, concerning the number of times candidates should be allowed to retake licensure examinations.
30. Reviewed and updated Committee policies and procedures.
31. The Chairperson made a site visit to Guam and Saipan to discuss examination-related issues and nursing education.
32. Reviewed a draft of the test service RFP.

**Committee Members**

Dorothy Chesley, TX-RN, Area III Representative, *Chairperson*  
Philip Authier, SD, Area II Representative  
Karen Brumley, CO, Area I Representative  
Terry DeMarcay, LA-PN, PN Board Representative  
Mauhee Edmondson, KY, Representative-at-Large  
Milene Megel, NY, Area IV Representative

**Alternates**

Barbara Carberry, AK  
Gwen Hinchey, CA-VN  
Margaret Howard, NJ  
Chris Ivy, WA-PN  
Lura Kohrman, WY  
Larry Loden, MS  
Elaine McIntosh, TN  
Rosa Weinert, OH

**Staff**

Nancy J. Miller, *Assistant Director of Testing Services*

## Examination Committee Goals and Objectives for 1989-90

**Goal I: Monitor the licensing examinations according to established policies and procedures.**

**Objectives:**

- A. Develop confidential directions for item writing sessions to meet the needs of the pool.
- B. Develop confidential directions for forms of the examination.
- C. Approve forms of the examination which meet the test plan specifications and established criteria.
- D. Approve items for tryout according to established criteria.
- E. Evaluate licensing examinations after administration according to established criteria.
- F. Select Item Writers and Panel of Content Experts using established criteria.
- G. Recommend Panel of Judges members to the Board of Directors using established criteria.
- H. Evaluate the processes for Item Writer, Panel of Content Experts, Panel of Judges nomination and selection.
- I. Evaluate the productivity of Item Writers and Panel of Content Experts using established criteria.
- J. Represent Examination Committee at the Panel of Content Experts sessions.
- K. Monitor the effectiveness of the diagnostic profiles.
- L. Evaluate the reliability of the NCLEX-RN and NCLEX-PN.
- M. Monitor current trends in the health care delivery system relative to content validity of examination items.
- N. Review and revise committee policies and procedures.

**Goal II. Communicate with committees, task forces, liaison Board Member and the membership dealing with matters related to examinations.**

**Objectives:**

- A. Review periodic progress reports and consult on matters related to computerized adaptive testing and computerized clinical simulation testing.
- B. Meet with other committees as needed.

**Goal III. Provide direction for investigation, study and research on licensing examinations.**

**Objectives:**

- A. Review results of RN job analysis study and make recommendations to the Delegate Assembly.
- B. Approve and publish revised PN test plan and detailed test plan.
- C. Compare Canadian Nurses Association Testing Services examination (CNATS) to NCLEX and make recommendations regarding comparability of the two examinations.
- D. Monitor truth-in-testing legislation and make recommendations as necessary.
- E. Review the dimensionality study and make recommendations as necessary.
- F. Subcommittee to meet with Nursing Practice and Education regarding continued competence (depending on direction of Delegate Assembly).

**TEST PLAN FOR THE NATIONAL COUNCIL LICENSURE EXAMINATION FOR PRACTICAL NURSES\***

Entry into the practice of nursing in the United States and its territories is regulated by the licensing authorities in the jurisdictions. Each jurisdiction requires a candidate for licensure to pass an examination that measures the competencies needed to perform safely and effectively as a newly licensed entry-level practical nurse. An entry-level practical nurse is defined as a newly licensed practical nurse who has been employed for six months or less.

Developed by the National Council of State Boards of Nursing, Inc., The National Council Licensure Examination for Practical Nurses (NCLEX-PN) is the examination used by those jurisdictions whose boards of nursing are National Council members.

The initial step in developing the examination for practical nurse licensure is preparation of the test plan to guide selection of content and behaviors to be tested. In the plan, provision is made for an examination reflecting entry-level nursing practice as identified by Kane and Colton in the Job Analysis of Newly Licensed Practical/Vocational Nurses - 1986-1987.

The activities identified in the job analysis were analyzed in relation to the frequency of their performance, their impact on maintaining client safety, the various settings in which they were performed, and the age ranges of clients.

This analysis resulted in the identification of a framework for entry-level performance that incorporates the nursing process and specific client needs and also reflects age and practice setting. The basic framework is similar to that used in the Registered Nurse Test Plan, which reflects the continuum of nursing practice. The Practical Nurse Test Plan is distinguished from the Registered Nurse Test Plan by the scope of practice as defined by member jurisdictions, by the practical nurse job analyses, and by the tested levels of cognitive abilities.

The test plan provides a concise summary of the content and scope of the examination and serves as a guide for candidates preparing to write the examination and for those individuals involved in developing it.

Based on the test plan, each assembled NCLEX-PN examination reflects the knowledge, skills, and abilities essential for application of the phases of the nursing process to meet the needs of clients with commonly occurring health problems having predictable outcomes. The following sections describe beliefs about nursing and clients, the levels of cognitive ability that will be tested in the examination, and the specific components of the NCLEX-PN test plan.

---

\*The term practical nurse denotes both practical and vocational nurses.

## **BELIEFS**

Beliefs about the nature of people and nursing underlie the test plan. Nursing has a unique concern toward helping clients to achieve an optimal state of health. Recipients of nursing care are viewed as finite beings with varying capacities to function in society. These recipients are unique persons defining their own systems of daily living that reflect values, motives, and lifestyles. Additionally, they are viewed as having the right to determine what kind of health care should be available to meet present and future needs. The consumer of nursing is an individual or group of individuals in need of assistance with maintaining life, promoting health, coping with health problems, adapting to or recovering from the effects of disease or injury, and dying with dignity.

The nature of nursing is dynamic and evolving. It is perceived as deliberate action of a personal and assisting nature. The goal of nursing is to promote health and to assist individuals in attaining an optimal level of functioning through responding to the needs, conditions, or events that result from actual or potential health problems and that provide the focus for the nurse's plan of care. The domain of nursing and the relevant knowledge, skills, and abilities exist along a continuum and are organized and defined by professional and legal parameters.

Upon entry into nursing practice, the practical nurse, under appropriate supervision, is expected to care for the client and/or assist the client's significant others in the provision of care. The practical nurse contributes to data collection for the identification of the health needs/problems of clients throughout their life cycle and in a variety of settings. Based upon established nursing diagnoses, the practical nurse contributes to planning nursing measures to meet identified needs and participates in evaluating the extent to which identified outcomes are achieved.

The practice of practical nursing requires basic knowledge of 1) nursing process; 2) coordination of safe, effective care; 3) client's physiological needs; 4) client's psychosocial needs; and 5) maintenance and promotion of health. The following elements are integrated throughout NCLEX-PN: accountability, nutrition, pharmacology, body structure and function, pathophysiology, principles of asepsis, growth and development, documentation, communication, teaching appropriate to the scope of practice, and mental health concepts.

## **LEVELS OF COGNITIVE ABILITY**

The examination includes test items at the cognitive levels of knowledge, comprehension, and application. Weighing (i.e., the number of items assigned to each level) is not specified for the levels of cognitive ability; however, most items in the examination are at the comprehension and application levels.

## **COMPONENTS OF THE TEST PLAN**

Two components are addressed within the framework of the test plan: 1) phase of the nursing process; and 2) client needs. These are described in the following sections.

## **PHASES OF THE NURSING PROCESS**

The phases of the nursing process are grouped under the broad categories of collecting data, planning, implementing, and evaluating nursing care. The practical nurse assists with the collection of data about the client, contributes to the client's plan of care, performs basic therapeutic and preventive nursing measures, and assists in evaluating the outcomes of nursing interventions.

The entry-level practical nurse acts in a more dependent role when participating in the planning and evaluation phases of the nursing process and acts in a more independent role when participating in the data collecting and implementing phases of the nursing process. Therefore, the percentages of questions representing the various phases of the nursing process are as follows: 1) collecting data - 30%, 2) planning - 20%. 3) implementing - 30%, 4) evaluating - 20%.

- I. In collecting data about clients with commonly occurring health problems having predictable outcomes, the practical nurse:
  - A. Contributes to the development of a data base about clients by:
    1. Observing the physiological, psychosocial, health and safety needs of clients.
    2. Collecting information from the client, significant others, health team members and records.
    3. Determining the need for more information.
    4. Communicating findings of data collected.
  - B. Participates in the formulation of nursing diagnoses.
- II. In planning care for clients with commonly occurring health problems having predictable outcomes, the practical nurse:
  - A. Contributes to the development of nursing care plans for clients with health needs.
  - B. Assists in the formulation of goals.
  - C. Participates in the identification of clients' needs and nursing measures required to achieve goals.
  - D. Communicates needs that may require alteration of the care plan.
  - E. Communicates with the client, significant others and/or health team members in planning nursing care.
- III. In implementing care for clients with commonly occurring health problems having predictable outcomes, the practical nurse:
  - A. Performs basic therapeutic and preventive nursing measures by following a prescribed plan of care to achieve established client goals.
  - B. Provides a safe and effective environment.
  - C. Assists client, significant others and health care members to understand the client's plan of care.
  - D. Records client information and reports it to other health team members.

- IV. In evaluating care of clients with commonly occurring health problems having predictable outcomes, the practical nurse:
- A. Participates in evaluating the effectiveness of the client's nursing care.
  - B. Assists in evaluating the client's response to nursing care and in making appropriate alterations.
  - C. Evaluates the extent to which identified outcomes of the care plan are achieved.
  - D. Records and describes the client's responses to therapy and/or care.

#### CLIENT NEEDS

The health needs of clients are grouped under four broad categories: A) safe, effective care environment, B) physiological integrity, C) psychosocial integrity, and D) health promotion/maintenance. The weighing of these categories was based on an analysis of the results of a job analysis study completed in 1987. Thus, the percentage of items assigned to each category of client need is as follows:

A.	Safe, effective care environment	24-30 percent
B.	Physiological integrity	42-48 percent
C.	Psychosocial integrity	7-13 percent
D.	Health promotion and maintenance	15-21 percent

#### A. Safe, Effective Care Environment

The practical nurse participates as a member of the health care team to assist in meeting client needs for a safe and effective environment by providing nursing care to clients with common health problems that occur throughout the life cycle and have predictable outcomes in the following categories:

1. Coordinated care
2. Standards of care
3. Goal-oriented care
4. Environmental safety
5. Preparation for treatments and procedures
6. Safe and effective treatments and procedures

**Knowledge, Skills, and Abilities**

In order to meet client needs for a safe and effective environment, the practical nurse should possess **basic** knowledge, skills, and abilities that include but are not limited to the following examples:

knowledge of data-gathering techniques; interpersonal communication skills; alternative methods of communication for clients with special needs; client preparation for prescribed treatments and procedures; environmental and client safety; infection control; client rights; confidentiality; individualization of care, including religious, cultural, and developmental influences; team participation in care planning and evaluation; and general knowledge of community agencies.

**B. Physiological Integrity**

The practical nurse participates as a member of the health care team to assist in meeting the physiological needs of clients with common health problems that occur throughout the life cycle and have predictable outcomes. This includes clients with acute and chronic conditions and clients at risk for the development of complications. Nursing care is provided to promote achievement of the following client needs:

7. Physiological adaptation
8. Reduction of risk potential
9. Mobility
10. Comfort
11. Provisions of basic care

**Knowledge, Skills, and Abilities**

In order to meet client needs for physiological integrity, the practical nurse should possess **basic** knowledge, skills, and abilities in areas that include but are not limited to the following examples:

knowledge of therapeutic and life-saving procedures, specialized equipment, principles of administering medications, maintenance of optimal body functioning and prevention of complications, principles of body mechanics and assistive devices, comfort measures, routine nursing measures, and reporting changes in a client's condition.

**C. Psychosocial Integrity**

The practical nurse participates as a member of the health care team to assist in meeting the psychosocial needs of clients with common health problems that occur throughout the life cycle and have predictable outcomes. Nursing care is provided to promote achievement of the following client needs:

12. Psychosocial adaptation
13. Coping/Adaptation



**Knowledge, Skills, and Abilities**

In order to meet client needs for psychosocial integrity, the practical nurse should possess **basic** knowledge, skills, and abilities in areas that include but are not limited to the following examples:

obvious signs of emotional and mental health problems, self-concept, life crises, chemical dependency, adaptive and maladaptive behavior, sensory deprivation and overload, abusive and self-destructive behavior, therapeutic communication, common therapies, and general knowledge of community resources.

**D. Health Promotion/Maintenance**

The practical nurse participates as a member of the health care team to assist in meeting health promotion and maintenance needs of clients with common health problems that occur throughout the life cycle and have predictable outcomes. Nursing care is provided to promote fulfillment of the following client needs:

14. Continued growth and development
15. Self-care
16. Integrity of support system
17. Prevention and early treatment of disease

**Knowledge, Skills, and Abilities**

In order to meet client needs for health promotion/maintenance, the practical nurse should possess **basic** knowledge, skills, and abilities in areas that include but are not limited to the following:

family interactions; concepts of wellness; adaptation to altered health states; reproduction and human sexuality; birthing and parenting; growth and development, including dying and death; immunization; health teaching that is appropriate to the scope of practice; and general knowledge of community resources.

**REFERENCES**

Bloom, B.S., et al. (1956). Taxonomy of Educational Objectives: The Classification of Educational Goals, Handbook 1. New York: David McKay.

Competencies of Graduates of Educational Programs in Practical Nursing. (1979). New York: National League for Nursing.

Hood, G. and Dincher, J. (1984). Total Patient Care: Foundations and Practice. St. Louis: C.V. Mosby.

"Hypothesized Entry-Level Competency Statements for Evolving Levels of Nursing Practice." Delegate Assembly Book of Reports. (1988). Chicago: National Council of State Boards of Nursing, Inc. pp. 207-213.

Kane, M., Kingsbury, C., Colton, D., and Estes, C. (1986). A Study of Nursing Practice and Role Delineation, and Job Analysis of Entry-Level Performance of Registered Nurses. Chicago: National Council of State Boards of Nursing, Inc.

Kane, M. and Colton, D. (1988). Job Analysis of Newly Licensed Practical/Vocational Nurses, 1986-87. Chicago: National Council of State Boards of Nursing, Inc.

Keane, C. (1986). Essentials of Medical-Surgical Nursing. Philadelphia: W.B. Saunders.

Rosedahl, C. (1985). Textbook of Basic Nursing. New York: J.B. Lippincott.

Scherer, J. (1986). Introductory Medical-Surgical Nursing. New York: J.B. Lippincott.

## IMPLICATIONS OF ACCEPTING DIFFERENT PASSING STANDARDS FOR INITIAL LICENSURE

### **Recommendation**

Regarding the issue of establishing different passing standards, the Examination Committee makes the following recommendation to the Delegate Assembly:

Recognize that jurisdictions have the responsibility and authority to establish standards for licensure within their borders. Jurisdictions which have reviewed and accepted the passing standard established by the National Council will be entitled to utilize the validation studies in support of the Council's standard to defend their own licensure decisions. Jurisdictions which choose to adopt a different standard will bear the burden of validating and defending that standard, and establishing procedures to deal with endorsement of licensees. The National Council will notify all Member Boards of any jurisdictions choosing a different passing standard.

### **Introduction**

The purpose of this paper is to explore the implications of jurisdictions having different passing standards for the National Council Licensure Examinations. Different passing standards can be defined as being higher or lower than the standard currently accepted nationwide. The implications from a legal, psychometric and regulatory perspective will be presented.

### **Historical Background**

The licensing authorities in each jurisdiction generally have the statutory right or obligation to determine the passing standard for examinations that are required for licensure within the jurisdiction.

Prior to 1944, nursing licensure examinations were developed by each state and norm-referenced passing standards were set by the board of nurse examiners or an analogous body. In January 1944, the State Board Test Pool Service began operating and by the end of that year all 48 states, the District of Columbia, and some Canadian provinces used the service for the registered nursing examination (SBTPE). The practical nurse examination was first used in 1950, but not all states used this examination until 1962.

In January 1962, it was recommended that a scale score of 350 be the passing standard for each of the five parts of the registered nursing examination. This standard was not adopted by all states, but Council archives do not indicate exactly how many or which states had different standards during this period of time.

A Member Board survey done in 1979 indicates that some states allowed candidates to retake the SBTPE to upgrade their scores when moving to a jurisdiction that required higher passing scores to be licensed. This indicates that different passing standards were probably in effect in 1979.

The 1980 Delegate Assembly unanimously voted to standardize the scoring system used by all states for the registered nursing examination. Implementation would occur at the same time as a new comprehensive (one part instead of five) examination was instituted. The mean scale score for the new examination would be approximately 2000, a standard deviation of 400 and a recommended passing score of 1600. No similar scale was adopted for the practical nursing examination at this time.

In 1980, in connection with the above-mentioned changes, the examination's name was changed to NCLEX (National Council Licensure Examination). In 1982 the first forms of NCLEX-RN and NCLEX-PN were

administered. The Delegate Assembly adopted a criterion-referenced approach to setting the passing standards for these examinations. The passing scores recommended by the Board of Directors to the jurisdictions were 1600 and 350 for the NCLEX-RN and NCLEX-PN, respectively. Council records indicate that all Member Boards adopted these recommended standards.

The California Board of Vocational Nurse and Psychiatric Technician Examiners used the SBTPE through 1974, when they discontinued membership in the National Council. From that time until 1986, when the Board resumed membership, California used a state-constructed examination for vocational nurse licensure. From October 1986 to the present, the California-VN Board has used the recommended passing standard for the NCLEX-PN.

The Commonwealth of the Northern Mariana Islands (Saipan) became a member of the National Council in 1986. In 1987, during the course of responding to a survey regarding pass/fail reporting, Saipan indicated that it used passing scores of 1400 and 300 for the NCLEX-RN and NCLEX-PN, respectively. Saipan continues to use those passing standards, but candidates receive the normal reports of results from CTB/McGraw-Hill, with notice of licensure for practice in Saipan only for candidates scoring between the local and national standards handled by the Board of Nursing through individual correspondence with the candidates.

The rationale for the recommendation that a uniform passing standard be adopted was that the criterion-referenced approach for standard setting results in establishment of the level of minimum competence required for safe and effective nursing practice, and ensures a consistent standard among the jurisdictions. (Warner, 1988). A national passing standard is congruent with a nationally-used examination that assesses nationally uniform nursing competencies.

#### **Review of Implications**

Member Boards have the legal right to establish their own passing standards. (Schimberg, 1981). To the extent that the jurisdiction deviates from the passing standard recommended by the National Council, the jurisdiction bears the responsibility of establishing, presumably through research, that a different level of minimal competence is (locally) applicable. The jurisdiction alone is accountable for supporting the level of minimum competence (passing standard) it chooses to use under these circumstances.

Psychometrically, the pertinent question is whether minimal competence has a regional or a national definition. The National Council's extensive job analyses have demonstrated that the content required for nursing practice is uniform and supports the adoption of a nationally used test plan. To substantiate a regional definition of the level required for minimal competence, it would be necessary to perform further research. At a minimum, it would be necessary to conduct standard setting processes regionally and to evaluate their outcomes for significant differences. The absence of any such differences would indicate that it would be fairly difficult for a jurisdiction to produce evidence to support a different passing standard, while the presence of differences would indicate that different standards could be supported.

#### **Setting a Higher Standard**

The implications of setting a higher standard relate primarily to the legal rights of candidates and the challenges they might bring against the examination.

If a higher standard is chosen by a jurisdiction, and meaningful psychometric validation is not utilized, the failing candidate may argue that individual constitutional rights were violated and that a violation of the antitrust laws occurred. To defend a suit brought by such a candidate, the jurisdiction would probably have to present evidence that the level of competence it requires was not arbitrarily set, or set to restrict the supply of nurses, but is the appropriate level for assuring that licensees are safe practitioners.

The decision about what passing standard to use must not be an arbitrary decision for a jurisdiction. Setting a higher or lower standard might be deemed arbitrary unless the jurisdiction had gone through a standard-setting process, which produced as an outcome the passing standard being used. In the absence of strong evidence to the contrary on the jurisdiction level, it is most reasonable to accept the standard recommended on the basis of national evidence and judgments.

#### **Setting a Lower Standard**

The implications of setting a lower passing standard are primarily regulatory in nature. If a jurisdiction sets a passing standard that is lower than the one established by the National Council and nurses are licensed who might not be minimally competent, the jurisdiction may not be fulfilling its charge to protect the public.

On the other hand, it is possible that nurses who are licensed at a lower standard practice safely, i.e., there is no manifest decline in the quality of nursing care. This would constitute evidence that the standard established by the National Council may be too high. This has a psychometric implication, namely that the methods used for setting the standard would require re-examination to determine whether the difference was due to local situations or to some flaw in the standard setting process that was applied.

Another regulatory implication of setting a different passing standard, lower or higher, is the complications that would result for interstate endorsement. Endorsement would be likely to become difficult and confusing if different passing standards were used. The processing of endorsement requests would require involvement of staff at the National Council or test service, because it would not be obvious from the pass/fail reports whether the candidate would meet a different standard held by a state into which he or she wished to endorse.

#### **Options for the National Council of State Boards of Nursing, Inc.**

There are basically two options for dealing with the issue of setting different passing standards. They are described briefly as follows:

- Option 1. Recognize that jurisdictions have the right to set different passing standards, but require that any jurisdiction wishing to use the NCLEX must use the passing standard established by the National Council.
- Option 2. Recognize that jurisdictions have the right to set different passing standards, but ensure that the National Council assumes no responsibility for establishing the validity of a standard that differs from the nationally recommended standard.

The first option would assure the use of one passing standard for all jurisdictions using the NCLEX. This option would not, however, assure that all jurisdictions would continue to use the NCLEX. A jurisdiction might choose to develop its own examination or contract with a testing service to develop an examination. This would necessitate additional work by jurisdictions prior to endorsement to determine (a) comparability of examinations, and for comparable examinations, (b) comparability of passing standards.

The second option would allow for the possibility that a jurisdiction or jurisdictions would establish a passing standard different from that recommended by the National Council. The jurisdiction would be solely accountable for defending a standard different from that recommended by the National Council. This may or may not be a deterrent for a jurisdiction to select a different standard.

If any jurisdiction established different passing standards, it would necessitate additional work, and possibly additional cost, by jurisdictions prior to endorsement to determine whether the candidate exceeded the different standard. The jurisdiction would have to bear any additional data processing costs incurred by the test service in order to accommodate reporting results according to its unique standard.

**Recommendation**

Regarding the issue of establishing different passing standards, the Examination Committee makes the following recommendation to the Delegate Assembly:

Recognize that jurisdictions have the responsibility and authority to establish standards for licensure within their borders. Jurisdictions which have reviewed and accepted the passing standard established by the National Council will be entitled to utilize the validation studies in support of the Council's standard to defend their own licensure decisions. Jurisdictions which choose to adopt a different standard will bear the burden of validating and defending that standard, and establishing procedures to deal with endorsement of licensees. The National Council will notify all Member Boards of any jurisdictions choosing a different passing standard.

## REFERENCES

### Historical Background

Allen, M.J., & Yen, W.M. Introduction to Measurement Theory. Brooks/Cole Publishing Company, CA: 1979.

Angoff, W.H. Scales, norms and equivalent scores. In R.L. Thorndike (Ed.), Educational Measurement (2nd ed.). Washington, D.C.: American Council on Education, 1971.

Brennan, R.L. & Lockwood, R.E. A comparison of the Nedelsky & Angoff cutting score procedures using generalizability theory. Applied Psychology Measurement, 1980, 4, 210-240.

Livingston, S.A., & Zieky, M.J. Passing scores: A manual for setting standards of performance on education and occupational tests. Princeton, N.J.: Educational Testing Service, 1982.

Rentz, R.R., & Rentz, C.C. Does the Rasch model really work? A discussion for practitioners. NCME Measurement in Education, 1979, 10, 1-11.

Shepard, L. Standard setting issues and methods. Applied Psychological Measurement, 1980, 4, 447-467.

Wright, B.D., & Stone, M.H. Best test design: Rasch Measurement. Chicago, Il. Mesa Press, 1979.

### Other

Glass, G.V. Standards and criteria. Journal of Educational Measurement, 1978, 15, 237-261.

Kane, M. et al. (1986). A Study of Nursing Practice and Role Delineation and Job Analysis of Entry-level Performance of Registered Nurses. National Council of State Boards of Nursing, Inc., Chicago, Il.

Kane, M. et al. (1986-1987). Job Analysis of Newly Licensed Practical/Vocational Nurses - 1986-1987. National Council of State Boards of Nursing, Inc., Chicago, Il.

Mills, C.N., & Peck, H.I. "Standard Setting: Theoretical, Practical, and Situational Concerns," Louisiana Department of Education.

Shimberg, B. Testing for licensure and certification. American Psychologist, 1981, 36, 1138-1146.

Warner, J.L. Minimum passing standard workshop for professional land surveyors. National Council of Engineering Examiners, September, 1988, (Draft Report).

Warner, J.L. Setting passing scores on licensing and certification examinations: strategies for defining minimum competency. Professional Practice of Psychology, 7, 1, July, 1986, 125-139.

# Report of Administration of Examination Committee

## Recommendations

1. The Committee recommends the following dates for the 1999 regular administration of NCLEX examinations: RN, February 2 and 3 (T-W) and July 13 and 14 (T-W); PN, April 14 (W) and October 13 (W).
2. The Committee recommends the following as alternate dates for the 1999 administration of NCLEX examinations, should the Crisis Management Plan be implemented: RN, March 3 and 4 (T-W) and September 13 and 14 (M-T); PN, May 11 (T) and November 17 (W).
3. The Committee recommends adoption of the proposed changes to the Security Measures (Attachment A).

## Activities

The Committee conducted its business according to directions of the Delegate Assembly and the Board of Directors. The objectives as defined by the Committee in accordance with the Council Bylaws and Operational Plan were accomplished.

The Administration of the Examination Committee (AEC) held two meetings and a conference call. The meetings were held on October 30 - November 1, 1988, and March 13 - 15, 1989. The conference call meeting took place on May 9, 1989. A joint meeting was held during the October meeting with the Committee for Special Projects (CSP) and Computerized Clinical Simulation Testing Steering (CST) Committees.

The Committee continued to review detailed reports of the Delaware Board of Nursing administration of NCLEX-PN in Germany. The Delaware Board has continued to carry out the Germany administrations in compliance with Security Measures and approved procedures.

The procedures necessary to implement the new Crisis Management Plan (CMP) were developed and implemented. Security measures developed by the printer of the CMP were approved. A plan for secure destruction of test booklets which were stored under the previous disaster plan was approved.

The Committee reviewed the implications of increasing the number of annual administrations of NCLEX.

Members of the Committee and testing services staff held special sessions on common problems with the administration of NCLEX at each Area meeting.



The Committee advised the Committee for Special Projects on security measures for field testing and item pool editing for Computerized Adaptive Testing (CAT). The Committee advised the Computerized Clinical Simulation Testing Steering Committee regarding Security Measures and procedures for the Case Development Committee.

In addition to the annual random procedure review, procedures were reviewed whenever a jurisdiction had a significant unusual incident where the security of the examination may have been compromised. Investigations were carried out on all unusual incidents. Recommendations were made to the Board of Directors for action when appropriate.

The Chairperson conducted a site visit at the American Samoa Nursing Practice Committee. The purpose of the visit was to discuss NCLEX security, administration issues and Council services. There was also discussion of nursing education and board structure.

The Committee reviewed and approved Council staff authorizations for modifications issued for 61 handicapped candidates (dyslexia/learning disability/reading disability-46, visual-11, physical-4). Extension of time was granted for 61 candidates; readers were approved for 15 candidates; and a recorder was granted for one candidate. One candidate used a magnifying glass, one used a visual tech magnifier and one used a ruler. Advice was sought from legal counsel on the Council's role in handling handicapped candidate requests: Member Boards have the responsibility of making the determination as to whether a candidate is handicapped; however, the Council must be informed of the handicapping condition in order to be able to approve modifications.

The Committee reviewed and approved six requests for examination review by failure candidates.

The members of the Committee thank the Board of Directors and Delegate Assembly for the opportunity to serve the National Council and Member Boards in this manner. The Committee has found it a pleasure to work with testing services staff and CTB/McGraw-Hill staff. Special thanks are extended to Debra Tomsky for her administrative assistance to the Committee.

**Committee Members and Staff**

Gail McGill, AK, Area I, *Chairperson*

Betty Blake, GA-RN, Area III

Betty Clark, ME, Area IV

Florence Stillman, MO, Area II

Katheryn Tripeny, WY, Area I

Barbara W. Winn, SC, Area III

Nancy J. Miller, *Assistant Director of Testing Services*

Debra A. Tomsky, *Administrative Assistant, Testing Services*

SECURITY MEASURES  
FOR THE  
NATIONAL COUNCIL LICENSURE EXAMINATIONS

Jurisdiction \_\_\_\_\_ RN \_\_\_\_\_  
Effective Date of Security Measures \_\_\_\_\_ PN \_\_\_\_\_  
PN and RN \_\_\_\_\_

Standards \_\_\_\_\_ Board of Nursing Information \_\_\_\_\_

I. IMPLEMENTATION OF SECURITY MEASURES  
  
One person shall be designated by the Board of Nursing who is responsible for implementing the security measures.

I. \_\_\_\_\_ There is one person designated by the Board of Nursing who is responsible for implementing the security measures.  
  
Job Title \_\_\_\_\_  
Agency \_\_\_\_\_

II. RECEIPT, INVENTORY, STORAGE AND TRANSPORTATION OF TEST BOOKLETS  
  
A. No more than three authorized persons per site shall receive the test booklets from the carrier.

II.A. \_\_\_\_\_ There are no more than three authorized persons per site who receive the test booklets from the carrier.  
  
Job Title \_\_\_\_\_  
Agency \_\_\_\_\_  
Job Title \_\_\_\_\_  
Agency \_\_\_\_\_  
Job Title \_\_\_\_\_  
Agency \_\_\_\_\_

B. At least two authorized persons shall jointly conduct an inventory of the test booklet containers within two working days of receipt.

II.B. \_\_\_\_\_ There are at least two authorized persons who jointly conduct an inventory of the test booklet containers within two working days of receipt.  
  
Job Title \_\_\_\_\_  
Agency \_\_\_\_\_  
Job Title \_\_\_\_\_  
Agency \_\_\_\_\_  
Others \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. A written record of the inventory shall be made and maintained for six months.

II.C. \_\_\_\_\_ There is a written record of the inventory maintained for six months.

Board of Nursing  
Information

Standards

D. Any discrepancy in the number of containers shipped and received shall be reported to the Council, the test service, and investigative agency immediately by telephone. A copy of the written report of the discrepancies shall be mailed to all agencies within 24 hours of the incident.

II.D. \_\_\_\_\_ Any discrepancy in the number of containers shipped and received is reported to the Council, the test service, and investigative agency immediately by telephone. A copy of the written report of the discrepancies is mailed to all agencies within 24 hours of the incident.

Name of Investigative Agency:

E. A written report of damaged containers shall be submitted to the test service and to the Council immediately.

II.E. \_\_\_\_\_ A written report of damaged containers is submitted to the test service and to the Council immediately.

F. The written report and evidence of damage shall be retained for six months unless otherwise specified by the Council.

II.F. \_\_\_\_\_ The written report and evidence of damage is retain for six months unless otherwise specified by the Council.

G. There shall be secure storage for test booklets into which containers are placed immediately upon receipt.

II.G. \_\_\_\_\_ There is secure storage for test booklets into which they are placed immediately upon receipt.

H. No more than three authorized persons per site shall supervise the placement of the test booklets into secure storage.

II.H. \_\_\_\_\_ There are no more than three authorized persons per site supervising the placement of the test booklets into secure storage.

\_\_\_\_\_ Storage is within Board office  
**AND/OR**

\_\_\_\_\_ Storage is at the examination center

**AND/OR**

Other: \_\_\_\_\_

(Add multiple site storage on reverse side or on separate sheet).

Standards

Board of Nursing  
Information

Job Title \_\_\_\_\_  
Agency \_\_\_\_\_  
Job Title \_\_\_\_\_  
Agency \_\_\_\_\_  
Job Title \_\_\_\_\_  
Agency \_\_\_\_\_

I. While booklets are in the custody of the Board, each storage facility shall be secure in the following ways:

- 1. The lock on the storage facility shall be unique. It may be a key lock, a combination lock, or a fail secure electronic locking device.
- 2. No more than three authorized persons shall have access to the unique lock.

II.I.  
\_\_\_\_\_ While booklets are in the custody of the Board, each storage facility is secure in all of the following ways:

- II.I.1.  
\_\_\_\_\_ The lock on the storage facility is unique. It may be a key lock, a combination lock, or a fail secure electronic locking device.
- II.I.2.  
\_\_\_\_\_ There are no more than three authorized persons with access to the unique lock.

Job Title \_\_\_\_\_  
Agency \_\_\_\_\_  
Job Title \_\_\_\_\_  
Agency \_\_\_\_\_  
Job Title \_\_\_\_\_  
Agency \_\_\_\_\_

3. Off-site storage areas must be double-locked. No one person controls access to both locks. A visible seal may be used.

II.I.3.  
\_\_\_\_\_ Off-site storage areas are double-locked. No one person controls access to both locks. A visible seal may be used. If a visible seal is used, it will be so noted in the compliance report.

a. Off-site storage shall be inspected daily for maintenance of security.

II.I.3.a.  
\_\_\_\_\_ Off-site storage is inspected daily for maintenance of security.

Standards

Board of Nursing  
Information

b. A written record of the maintenance of security checks shall be made and maintained for six months.

II.I.3.b.

A written record of the maintenance of security checks is maintained for six months.

c. Any discrepancy in security checks shall be reported immediately by telephone to the Council, the test service, and to the investigative agency. A copy of the written report of the discrepancies shall be mailed to all agencies within 24 hours of the incident.

II.I.3.c.

Any discrepancy in security checks is reported immediately by telephone to the Council, the test service, and to the investigative agency. A copy of the written report of the discrepancies is mailed to all agencies within 24 hours of the incident.

4. Entrance into all storage facilities shall be supervised by one of the authorized individuals with access to the unique lock.

II.I.4.

Entrance into all storage facilities is supervised by one of the authorized individuals with access to the unique lock (see II.I.2. above).

5. There shall be controlled access to the storage facility. All ducts, vents and windows are secured.

II.I.5.

There is controlled access to the storage facility. All ducts, vents and windows are secured.

J. At least two authorized persons shall jointly conduct an inventory of the packets at least one week prior to the administration of the examination.

II.J.

There are at least two authorized persons jointly conducting an inventory of the packets at least one week prior to the administration of the examination.

Jurisdiction \_\_\_\_\_

Standards

Board of Nursing  
Information

Job Title \_\_\_\_\_  
 Agency \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Agency \_\_\_\_\_  
 Others \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

K. A written record of the inventory shall be made and maintained for six months.

II.K. \_\_\_\_\_ A written record of the inventory is maintained for six months.

L. Any discrepancy in the inventory of packets shall be reported immediately by telephone to the Council, the test service, and to the investigative agency. A copy of the written report of the discrepancies shall be mailed to all agencies within 24 hours of the incident.

II.L. \_\_\_\_\_ Any discrepancy in the inventory of packets is reported immediately by telephone to the Council, the test service, and to the investigative agency. A copy of the written report of the discrepancies is mailed to all agencies within 24 hours of the incident.

M. There shall be secure transportation of test booklets to and from the examination center(s) by bonded carrier or vehicle staffed with a member of the examination team.

II.M. \_\_\_\_\_ There is secure transportation of test booklets to and from the examination center(s) by bonded carrier or vehicle staffed with a member of the examination team.

N. When the jurisdiction ships test booklets to one or more test administration sites, the shipment shall not identify the contents by addressing or labeling.

II.N. \_\_\_\_\_ When the jurisdiction ships test booklets to one or more test administration sites, the shipment shall not identify the contents by addressing or labeling.

O. A person designated at each site shall assume responsibility for:

II.O. \_\_\_\_\_ There is a person designated at each site who will assume responsibility for:

Board of Nursing  
Information

Standards

1. The receipt and secure storage of the shipment.

II.O.1.  
\_\_\_\_\_ The receipt and secure storage of the shipment.

Job Title \_\_\_\_\_  
Agency \_\_\_\_\_

2. The inventory of the containers/booklets.

II.O.2  
\_\_\_\_\_ The inventory of the containers/booklets.

Job Title \_\_\_\_\_  
Agency \_\_\_\_\_

3. The creation and maintenance of written records.

II.O.3  
\_\_\_\_\_ The creation and maintenance of written records.

Job Title \_\_\_\_\_  
Agency \_\_\_\_\_

4. The reporting of any discrepancies to the Council, the test service and the investigative agency within 24 hours of the incident.

II.O.4  
\_\_\_\_\_ The reporting of any discrepancies to the Council, the test service and the investigative agency within 24 hours of the incident.

Job Title \_\_\_\_\_  
Agency \_\_\_\_\_

III. EXAMINATION CENTER

A. In selecting an examination center, the following requirements shall be met:

1. 10' x 30" or 10' x 18" tables - 4 candidates on one side.
2. 10' x 30" tables - 5 candidates on multiple sides.
3. 8' x 30" tables - 3 candidates on one side.

III.A.  
\_\_\_\_\_ In selecting an examination center, all listed requirements are met.

Standards

4.    8' x 30" tables - 4 candidates on multiple sides.
5.    6' x 30" or 6' x 18" tables - 2 candidates on one side.
6.    6' x 30" tables - 3 candidates on multiple sides.
7.    4' x 30" or 4' x 18" tables - 1 candidate on one side.
8.    4' x 30" tables - 2 candidates on multiple sides.
9.    Tables less than 4' -1 candidate.
10.   Round tables, 60" - 5 candidates.
11.   Round tables, 72" - 6 candidates.
12.   Round tables, 84" - 7 candidates.
13.   Stationary theater seats with tablet arms - every other seat (limited to every other row).
14.   Movable classroom chairs with tablet arms - 18" apart.
15.   Sufficient floor space that allows a minimum of 2½ feet for aisles so that examination team can move freely for observation of candidates.



Standards

Board of Nursing  
Information

16. Restroom facilities within the examination center.

17. Access to and exit from the examination rooms shall be controlled.

B. There shall be provisions for a hard, smooth writing surface for each candidate.

C. Table(s) physically separate from the candidates shall be provided for the proctors who distribute and collect test booklets.

D. If test booklets are kept at the examination center at times other than during the examination, there shall be secure storage with access limited to no more than three authorized persons. (See Section II.I)

E. Undistributed test booklets shall be maintained in a secure area under control of the examiner or designee(s) during the examination with access limited to members of the examination team.

III.B. \_\_\_\_\_ A hard smooth writing surface is provided.

III.C. \_\_\_\_\_ Table(s) physically separate from the candidates are provided for the proctors who distribute and collect test booklets.

III.D. \_\_\_\_\_ There is secure storage with access limited to **no more than three** authorized persons.

Job Title \_\_\_\_\_  
Agency \_\_\_\_\_  
Job Title \_\_\_\_\_  
Agency \_\_\_\_\_  
Job Title \_\_\_\_\_  
Agency \_\_\_\_\_

OR

\_\_\_\_\_ Test booklets are not kept at the examination center at times other than during the examination.

III.E. \_\_\_\_\_ Undistributed test booklets are maintained in a secure area during the examination under control of the examiner or designee(s) and with access limited to members of the examination team.

Jurisdiction \_\_\_\_\_

Standards

Board of Nursing  
Information

IV. EXAMINATION TEAM

A. In selecting members of the examination team, the following requirements shall be met:

IV.A.

\_\_\_\_\_ All criteria are utilized in selecting the examination team.

1. The person shall not be affiliated with a nursing program unless the person is a current Board member.
2. The person shall not be a student in a nursing program preparing the person for licensure.
3. The person has not been disciplined by the Board, and is not under investigation.
4. The person shall participate in an orientation.
5. If the person has worked at a previous examination, the person must have demonstrated the ability to perform the assigned duties.
6. The examiner will be notified and a record kept of any kinship between any examination team member and a candidate taking the exam at the test site. The record will be kept for six months.

Standards

Board of Nursing  
Information

B. At least two examination team members shall be present in each examination room.

IV.B.

\_\_\_\_\_ There are at least two examination team members present in each examination room.

C. At least one registered nurse employee or nurse member of the Board shall be present at each examination center, except in those jurisdictions which use a test administration agency approved by the Council.

IV.C.

\_\_\_\_\_ There is at least one registered nurse employee or nurse member of the Board present at each examination center.

**OR**

\_\_\_\_\_ There is a Test Administration Agency (TAA) which has been approved by the Council. (The enclosed addendum, pages 29-30, is required when there is an approved TAA.)

D. There shall be at least one examiner per examination center. The examiner shall be knowledgeable about the requirements of these security measures and capable of conducting the examination.

IV.D.

\_\_\_\_\_ There is at least one examiner per examination center who is knowledgeable about the security measures and is capable of conducting the examination.

E. There shall be provisions for an alternate to the examiner who meets the same requirements as the examiner.

IV.E.

\_\_\_\_\_ There are provisions for an alternate to the examiner who meets the same requirements as the examiner.

F. One proctor shall be responsible for no more than 35 candidates. The duties of each proctor shall include:

IV.F.

\_\_\_\_\_ Proctor/candidate ratio is no more than 1:35.

**AND**

\_\_\_\_\_ All listed duties are assigned to each proctor.

1. Participation in the inventory of test booklets.

2. Distribution of test booklets to the assigned candidates.

Jurisdiction \_\_\_\_\_

Board of Nursing  
Information

Standards

- 
3. Collection of test booklets from the assigned candidates during rest room breaks.
  4. Collection of test booklets from the assigned candidates upon completion of the examination.
  5. Issuance of exit documents to the assigned candidates; e.g., pass, stamp, or signature.
- G. There shall be members of the examination team specifically responsible for each of the following duties at the time of examination administration:
1. Checking the examination center for compliance with security measures.
  2. Reading the directions for the administration of the examination to the candidates.
  3. Admitting candidates.
  4. Identifying candidates.
  5. Performing inventory of test booklets before and after the examination.
  6. Distributing test materials other than booklets.
  7. Observing candidates.
- IV.G. \_\_\_\_\_ There are members of the examination team specifically responsible for each of the listed duties.

Board of Nursing  
Information

Standards

8. Supervising the unused test booklets.
  9. Escorting candidates to and from the restroom.
  10. Monitoring the exit of candidates.
  11. Guarding the entrances and exits of the examination room.
  12. Dealing with suspected cheating.
  13. Packing test booklets.
  14. Escorting authorized personnel, other than examination team members, such as janitors, etc.
- H. An orientation shall be held for all members of the examination team at least once each year and shall include the following:
1. Duties of each examination team member.
  2. Review of all materials related to the examination administration.
  3. Examination schedule.
- IV.H.
- \_\_\_\_\_ An annual orientation is held for all members of the examination team.
- AND**
- \_\_\_\_\_ All indicated topics are covered in the orientation.

Jurisdiction \_\_\_\_\_

---

Standards \_\_\_\_\_ Board of Nursing Information \_\_\_\_\_

- 4. Responsibilities for security including instructions that test booklets are not to be opened by anyone other than the candidates.
- 5. Responsibilities for emergency situations.

V. ADMINISTRATION OF THE EXAMINATION

- A. Candidates shall be issued an admission document by the Board at least ten days prior to the examination.
- B. Identification and admission of candidates to each part of the examination.
  - 1. Entrance to the examination room shall be controlled by member(s) of the examination team.
  - 2. Identification shall be by the admission document, and at least one of the following: picture, signature or fingerprinting.

- V.A. \_\_\_\_\_ An admission document is issued at least 10 days prior to the examination.
- V.B.1. \_\_\_\_\_ Entrance to the examination room is controlled by member(s) of the examination team.
- V.B.2. \_\_\_\_\_ Identification is by the admission document **and** at least one of the following:
  - \_\_\_\_\_ picture
  - \_\_\_\_\_ **AND/OR**
  - \_\_\_\_\_ signature
  - \_\_\_\_\_ **AND/OR**
  - \_\_\_\_\_ fingerprinting

Standards

Board of Nursing  
Information

3. There shall be a procedure for identifying candidates who arrive without admission credentials. The identification shall be by verifying the scheduling of the individual against Board records and at least one of the following: random selection of another candidate from the same program, signature, or drivers' license.

4. If candidates are admitted late, there shall be no additional examination time allowed. No candidate shall be admitted after a candidate has been released from an examination room.

5. Identification of late candidates shall be the same as for all other candidates.

C. The candidate shall retain the same seat assignment for all parts of the examination except as detailed below:

1. The examiner shall approve the reassignment of seats if it becomes necessary because of health or for security reasons.

V.B.3.  
 \_\_\_\_\_ The identification of candidates without admission credentials is by verifying the scheduling of individuals against Board records and at least one of the following:  
 \_\_\_\_\_ random selection of another candidate from the same program. **AND/OR**  
 \_\_\_\_\_ signature **AND/OR**  
 \_\_\_\_\_ driver's license

V.B.4.  
 \_\_\_\_\_ No late candidates are admitted. **OR**  
 \_\_\_\_\_ When late candidates are admitted, no additional time is allowed and no candidates are admitted after a candidate has been released.

V.B.5.  
 \_\_\_\_\_ Identification of late candidates is the same as for all other candidates.

V.C.  
 \_\_\_\_\_ Candidates retain the same seat assignment throughout the examination except for the reasons specified in the standard.

Jurisdiction \_\_\_\_\_

Board of Nursing  
Information

Standards

2. The examiner shall approve seating adjustments for candidates with mild disabilities that require special consideration regarding lighting, acoustics, mobility, and proximity to the restroom facilities.
  3. The examiner shall inspect and may approve any aide, cushions, mattresses, slings, braces, special chairs, crutches, or canes.
- D. Distribution of testing materials at the examination center:
1. At the time the shrink wrap is broken on the packet of test booklets, two people shall jointly conduct an inventory of all the test booklets in the packet.
    - V.D.1. \_\_\_\_\_ At the time the shrink wrap is broken on the packet of test booklets, two people jointly conduct an inventory of all the test booklets in the packet.
  2. Prior to distribution to candidates, the proctor shall conduct an inventory of the test booklets if the proctor was not involved in the final booklet inventory at the time the shrink wrap was broken.
    - V.D.2. \_\_\_\_\_ Prior to distribution to candidates, the proctor conducts an inventory of the test booklets if the proctor was not involved in the original booklet inventory at the time the shrink wrap was broken.
  3. There shall be a written record of the inventory made and maintained for six months.
    - V.D.3. \_\_\_\_\_ A written record of the inventory is maintained for 6 months.



Board of Nursing  
Information

Standards

- |  |  |
|--|--|
| <p>4. Any discrepancy in the number of booklets or numbering of booklets within the packet shall be reported immediately to the examiner.</p>  | <p>V.D.4.<br/>_____ Any discrepancy in the number of booklets or the numbering of booklets within the packet is reported immediately to the examiner.</p>  |
| <p>5. <u>Any discrepancy in the number of booklets or numbering of booklets within the packet shall be reported to the Council, the test service, and investigative agency immediately by telephone.</u></p> | <p>V.D.5.<br/>_____ <u>Any discrepancy in the number of booklets or numbering of booklets within the packet is reported to the Council, the test service, and investigative agency immediately by telephone.</u></p> |
| <p>6. Any packet in which a discrepancy has been found shall not be used unless no other packet is available.</p>  | <p>V.D.6.<br/>_____ Any packet in which a discrepancy has been found is not used unless no other packet is available.</p>  |
| <p>7. A written report of the discrepancy shall be prepared by the two individuals who conducted the inventory.</p>  | <p>V.D.7.<br/>_____ A written report of the discrepancy is prepared by the two individuals who conducted the inventory.</p>  |
| <p>8. A copy of the written report of the discrepancies shall be mailed to the <u>Council, the test service, and the investigative agency within 24 hours of the incident.</u></p>                           | <p>V.D.8.<br/>_____ A copy of the written report of the discrepancies is mailed to <u>the Council and test service and the investigative agency within 24 hours of the incident.</u></p>                             |
| <p>9. A copy of the report shall be kept on file by the jurisdiction until the matter is resolved.</p>   | <p>V.D.9.<br/>_____ A copy of the report is kept on file until the matter is resolved.</p>   |

Standards

Board of Nursing  
Information

- |  |  |
|--|--|
| 10. Booklets for only one part of the examination shall be given to the proctor at a time. Booklets for other parts shall be under the surveillance of a member of the examination team other than the proctor.  | V.D.10.<br>____ Booklets for only one part of the examination shall be given to the proctor at a time. Booklets for other parts are under the surveillance of a member of the examination team other than the proctor.   |
| 11. Test booklets shall be distributed to the candidates at their seats. There shall be a written record made of the distribution to include the candidate number and the specific booklet given to that candidate. The written record shall be maintained for six months. | V.D.11.<br>____ Test booklets are distributed to candidates at their seats.<br><b>AND</b><br>____ A written record of the distribution is maintained for 6 months.   |
| E. Undistributed test booklets shall be attended by a member of examination team at all times in one of the following ways:<br><br>1. Carried in a container.<br><br>2. Locked in a case not accessible to candidates.<br><br>3. Maintained in a secure area.              | V.E.<br>____ Undistributed test booklets are attended by a member of the examination team at all times in one of the following ways:<br><br>____ Carried in a container.<br><b>OR</b><br>____ Locked in a case not accessible to candidates.<br><b>OR</b><br>____ Maintained in a secure area. |

Standards

Board of Nursing  
Information

F. Candidates shall be allowed to use the restroom facilities during the examination. A member of the examination team shall have the responsibility for preventing candidates from communicating with one another. The test booklets shall be retained by the assigned proctor and no additional time shall be allowed.

G. Candidates shall be under constant surveillance that includes patrolling the aisles by member(s) of the examination team to assure the candidates are:

1. Recording responses appropriately.
2. Working independently.
3. Not using any unauthorized aids.
4. Not lifting information from the test booklets.

H. There shall be a procedure for dealing with candidates who are suspected of cheating.

I. If a candidate has been given a damaged booklet, or one with a printing error, the candidate is to be allowed to retain the booklet, and a second booklet is to be secured and given to the candidate.

V.F.

\_\_\_\_\_ Candidates are prevented from communicating.

**AND**

\_\_\_\_\_ The test booklet is retained by the assigned proctor and no additional time is allowed.

V.G.

\_\_\_\_\_ Candidates are under constant surveillance by the examination team.

V.H.

\_\_\_\_\_ There is a procedure for dealing with candidates who are suspected of cheating.

V.I.

\_\_\_\_\_ The candidate is allowed to retain the booklet, and a second booklet is secured and given to the candidate.

Standards

Board of Nursing  
Information

- |    |   |        |  |
|----|---|--------|--|
| 1. | The proctor shall make a note on the distribution record that the candidate has two booklets.   | V.I.1. | ____ The proctor makes a note on the distribution record that the candidate has two booklets.  |
| 2. | The proctor shall collect both test booklets prior to dismissing the candidate.   | V.I.2. | ____ The proctor collects both test booklets prior to dismissing the candidate.  |
| 3. | The proctor and examiner shall prepare a written report of the incident. A copy of the report shall be mailed to the test service and to the Council <u>within 24 hours of the completion of the examination.</u> | V.I.3. | ____ The proctor and the examiner prepare a written report of the incident. A copy of the report is mailed to the test service and to the Council <u>within 24 hours of the completion of the examination.</u> |
| J. | Test booklets shall be collected from the candidates by the distributing proctor. A written record shall be made of this transaction and maintained for six months.   | V.J.   | ____ Test booklets are collected by the distributing proctor.<br><b>AND</b><br>____ A written record of this transaction is maintained for six months.   |
| K. | An exit release document shall be given to the candidate by the proctor after the testing materials have been returned to the proctor.  | V.K.   | ____ An exit release document is given to the candidate by the proctor after the testing materials have been returned to the proctor.  |
| L. | Exit from the examination room shall be controlled by a member of the examination team and a candidate shall not be allowed to leave the examination room without showing the release document.                   | V.L.   | ____ Exit from the examination room is controlled by a member of the examination team and a candidate is not allowed to leave the room without showing the release document.                                   |

---

Standards

---

Board of Nursing  
Information

---

- M. The test booklets shall be returned to the designated examination team member and inventoried jointly by two individuals. One of the individuals performing the inventory of the packet of test booklets shall be the assigned proctor who received and inventoried the packet and who distributed the test booklets to candidates.
1. A written record shall be made of this transaction and maintained for six months.
2. Any discrepancy in the number of booklets distributed and collected shall be reported to the examiner.
3. If the discrepancy is not corrected immediately, it shall be reported by telephone to the Council, the test service, and the investigative agency.
4. A written report shall be prepared by the proctor and the examiner.
5. A copy of the written report of the discrepancies shall be sent to the Council, the test service, and the investigative agency within 24 hours of the incident.
- V.M. \_\_\_\_\_ Test booklets are inventoried jointly by the designated examination team member and the assigned proctor.
- V.M.1. \_\_\_\_\_ A written record of this transaction is maintained for six months.
- V.M.2. \_\_\_\_\_ Any discrepancy in the number of booklets distributed and collected is reported to the examiner.
- V.M.3. \_\_\_\_\_ If the discrepancy is not corrected immediately, it is to be immediately reported by telephone to the Council, to the test service and to the investigative agency.
- V.M.4. \_\_\_\_\_ A written report is prepared by the proctor and the examiner.
- V.M.5. \_\_\_\_\_ A copy of the written report of the discrepancies is sent to the Council, the test service and the investigative agency within 24 hours of the incident.

Standards

Board of Nursing  
Information

- 
- |  |  |
|--|--|
| 6. A copy of the report shall be kept on file by the jurisdiction until the matter is resolved.  | V.M.6.<br>_____ A copy of the report is kept on file until the matter is resolved.   |
| N. The returned test booklets shall be under the surveillance of an examination team member until they are returned to the secure storage or are shipped.                        | V.N.<br>_____ The returned test booklets are under the surveillance of an examination team member until they are returned to secure storage or are shipped.                            |
| O. The test booklets shall be checked and prepared for shipment. All test booklets shall be placed in the appropriate containers.  | V.O.<br>_____ Test booklets are checked and prepared for shipment and placed in the appropriate containers.  |
| P. A content and container inventory of test booklets shall be conducted jointly by two individuals prior to returning the containers to secure storage or prior to shipment.    | V.P.<br>_____ A content and container inventory is conducted jointly by two persons prior to returning the containers to secure storage or prior to shipment.                          |
| 1. A written record shall be made of this transaction and maintained for six months.   | V.P.1.<br>_____ A written record of this transaction is maintained for six months.   |
| 2. Any discrepancy in <u>the content or number of containers</u> shall be reported to the examiner <u>immediately.</u>   | V.P.2.<br>_____ Any discrepancy in <u>the content or number of containers</u> is reported to the examiner <u>immediately.</u>  |
| 3. If the discrepancy is not corrected <u>immediately</u> , it shall be reported by telephone to <u>the Council, the test service, and the investigative agency immediately.</u> | V.P.3.<br>_____ If the discrepancy is not corrected <u>immediately</u> , it is reported by telephone to <u>the Council, the test service and the investigative agency immediately.</u> |
-

Standards

- |   |  |
|---|--|
| 4. A written report shall be prepared by the two individuals conducting the inventory.  | V.P.4.<br>____ A written report is prepared by the <u>two individuals</u> conducting the inventory.  |
| 5. A copy of the written report of the discrepancies shall be mailed to <u>the Council, the test service, and the investigative agency within 24 hours of the incident.</u>   | V.P.5.<br>____ A copy of the written report of the discrepancies is mailed to <u>the Council, the test service and the investigative agency within 24 hours of the incident.</u> |
| 6. A copy of the report shall be kept on file by the jurisdiction until the matter is resolved.   | V.P.6.<br>____ A copy of the report is kept on file until the matter is resolved.  |
| Q. The test booklets shall be shipped by the method designated by the test service.   | V.Q.<br>____ Test booklets are shipped by the method designated by the test service.   |
| R. Only authorized individuals shall be present during the administration of the examination. Authorized individuals shall be restricted to:<br><br>1. Members of the examination team.<br><br>2. Identified candidates.<br><br>3. Personnel of the examination center who are discharging <u>essential</u> duties, such as janitors. | V.R.<br>____ Only authorized individuals are present during the administration of the examination.   |

Jurisdiction \_\_\_\_\_  
Standards \_\_\_\_\_ Board of Nursing Information \_\_\_\_\_

VI. EMERGENCY SITUATIONS DURING EXAMINATION ADMINISTRATION

There shall be a written procedure for handling emergencies that provides for:

- A. Safety of the candidates.
- B. Security of the test booklets. Candidates shall not be allowed to leave the examination room with test booklets in their possession.
- C. Safety of the examination team.

VI.

\_\_\_\_\_ There is a written procedure for handling emergencies that provides for safety for the candidates, security of the booklets, and safety of the examination team.

VII. VERIFICATION OF SECURITY COMPLIANCE

Following the administration of each examination the person responsible for implementing the security measures shall provide a written compliance report to the Council.

VII.

\_\_\_\_\_ A written compliance report is sent to the Council by the person responsible for implementing the security measures.

VIII. REVIEW OF POTENTIAL TEST ITEMS

- A. No more than three authorized persons shall receive shipment of "review drafts" from the carrier.

VIII.A.

\_\_\_\_\_ There are no more than three authorized persons who receive shipment of "review drafts" from the carrier.

Job Title \_\_\_\_\_  
 Agency \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Agency \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Agency \_\_\_\_\_



Standards

Board of Nursing Information

B. At least two authorized persons shall jointly conduct an inventory of the review drafts within two working days of receipt.

VIII.B. \_\_\_\_\_ There are at least two authorized persons who jointly conduct an inventory of the review drafts within two working days of receipt.

Job Title \_\_\_\_\_  
Agency \_\_\_\_\_  
Job Title \_\_\_\_\_  
Agency \_\_\_\_\_  
Others \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. A written record of this inventory shall be made and maintained for six months.

VIII.C. \_\_\_\_\_ A written record of the inventory is maintained for six months.

D. Any discrepancy in the inventory of review drafts shall be reported immediately by telephone to the Council, the test service, and the investigative agency. A copy of the written report of the discrepancies shall be mailed to all agencies within 24 hours of the incident.

VIII.D. \_\_\_\_\_ Any discrepancy in the inventory of review drafts is reported immediately by telephone to the Council, the test service and the investigative agency. A copy of the written report of the discrepancies is mailed to all agencies within 24 hours of the incident.

E. There shall be secure storage for the review drafts into which the drafts are placed as soon as they are received.

VIII.E. \_\_\_\_\_ There is secure storage for the review drafts into which the review drafts are placed as soon as they are received.

F. No more than three authorized persons shall supervise the placement of the review drafts into secure storage.

VIII.F. \_\_\_\_\_ There are no more than three authorized persons supervising the placement of the drafts into secure storage.

Job Title \_\_\_\_\_  
Agency \_\_\_\_\_  
Job Title \_\_\_\_\_  
Agency \_\_\_\_\_  
Job Title \_\_\_\_\_  
Agency \_\_\_\_\_

Jurisdiction \_\_\_\_\_

Standards

Board of Nursing  
Information

G. While review drafts are in the custody of the Board, the storage facility shall be secure in the following ways.

1. The lock on the storage facility shall be unique. It may be a key lock, a combination lock, or a fail secure electronic locking device.

2. No more than three authorized persons shall have access to the unique lock.

3. Entrance into the storage facility shall be supervised by one of the authorized individuals with access to the unique lock.

4. There shall be controlled access to the storage facility. All ducts, vents and windows are secured.

H. There shall be a secure method of taking the review drafts to and from the executive session of the Board.

I. Only Board members and authorized nurse employees shall be present for the review.

VIII.G.  
\_\_\_\_\_ While review drafts are in the custody of the Board, the storage facility is secure in all of the following ways:

VIII.G.1.  
\_\_\_\_\_ The lock on the storage facility is unique. It may be a key lock, a combination lock or a fail secure electronic locking device.

VIII.G.2.  
\_\_\_\_\_ There are no more than three authorized persons with access to the unique lock.

Job Title \_\_\_\_\_  
Agency \_\_\_\_\_  
Job Title \_\_\_\_\_  
Agency \_\_\_\_\_  
Job Title \_\_\_\_\_  
Agency \_\_\_\_\_

VIII.G.3.  
\_\_\_\_\_ Entrance into the storage facility is supervised by one of the authorized individuals with access to the unique lock.

VIII.G.4.  
\_\_\_\_\_ There is controlled access to the storage facility. All ducts, vents and windows are secured.

VIII.H.  
\_\_\_\_\_ There is a secure method of taking the review drafts to and from the meeting.

VIII.I.  
\_\_\_\_\_ Only the specified, authorized persons attend and participate in the review.

Standards

Board of Nursing  
Information

1. An LPN/LVN Board Member who is enrolled in an RN program shall not be allowed to participate in the NCLEX-RN reviews.
2. An LPN/LVN Board member who is a candidate for NCLEX-RN shall not be allowed to participate in the NCLEX-RN reviews.

J. No notes shall be taken or information removed by participants.

VIII.J.  
\_\_\_\_\_ No notes are taken or information removed by participants.

K. Reviewers shall be instructed on measures to maintain security.

VIII.K.  
\_\_\_\_\_ Reviewers are so instructed.

L. Following the review, the person responsible for implementing the security measures shall provide the Council with a written compliance report.

VIII.L.  
\_\_\_\_\_ The responsible person provides the Council with a written compliance report.

M. An inventory shall be conducted by two authorized persons after the session.

VIII.M.  
\_\_\_\_\_ An inventory is conducted by two authorized persons.

Job Title \_\_\_\_\_  
Agency \_\_\_\_\_  
Job Title \_\_\_\_\_  
Agency \_\_\_\_\_

N. A written record of this inventory of review drafts shall be made and maintained for six months.

VIII.N.  
\_\_\_\_\_ A written record is maintained for six months.

Jurisdiction \_\_\_\_\_

Standards

Board of Nursing  
Information

- O. Any discrepancy in the inventory of review drafts shall be reported immediately by telephone to the Council, the test service and investigative agency. A copy of the written report of the discrepancies shall be mailed to all agencies within 24 hours of the incident.
- P. The review drafts shall be returned to secure storage until shipped.
- Q. The review drafts are shipped by the method designated by the test service.

- VIII.O. \_\_\_\_\_ Any discrepancy in the review draft inventory is reported immediately by telephone to the Council, the test service, and the investigative agency. A copy of the written report of the discrepancies is mailed to all agencies within 24 hours of the incident.
- VIII.P. \_\_\_\_\_ Review drafts are returned to secure storage.
- VIII.Q. \_\_\_\_\_ Drafts are shipped by the method designated by the test service.

IX. REVIEW OF TEST BOOKLETS FOLLOWING ADMINISTRATION

- A. Permission shall be obtained from the Council for the review of test booklets following administration of the examination.
- B. No more than three authorized persons shall receive the shipment of test booklets from the carrier.

- IX.A. \_\_\_\_\_ Permission is obtained for review of test booklets.
- IX.B. \_\_\_\_\_ There are **no more than three** authorized persons who receive the shipment of test booklets.

Job Title \_\_\_\_\_  
 Agency \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Agency \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Agency \_\_\_\_\_

- C. At least two authorized persons shall jointly conduct an inventory of the number of test booklets received within 2 working days of receipt.

- IX.C. \_\_\_\_\_ There are **at least two** authorized persons who jointly conduct the inventory within 2 working days of receipt.

Jurisdiction \_\_\_\_\_

Standards

Board of Nursing  
Information

Job Title \_\_\_\_\_  
 Agency \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Agency \_\_\_\_\_  
Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D. A written record of this inventory shall be made and maintained for six months.

IX.D. \_\_\_\_\_ A written record of the inventory is maintained for six months.

E. Any discrepancy in the inventory of booklets shall be reported immediately by telephone to the Council, the test service, and the investigative agency. A copy of the written report of discrepancies shall be mailed to all agencies within 24 hours of the incident.

IX.E. \_\_\_\_\_ Any discrepancy in the inventory of booklets is reported immediately by telephone to the Council, the test service and investigative agency. A copy of the written report of the discrepancies is mailed to all agencies within 24 hours of the incident.

F. There shall be secure storage for test booklets into which they are placed as soon as received.

IX.F. \_\_\_\_\_ There is secure storage for the test booklets into which they are placed as soon as received.

G. No more than three authorized persons shall supervise the placement of test booklets into secure storage.

IX.G. \_\_\_\_\_ There are no more than three authorized persons supervising placement of test booklets into secure storage.

Job Title \_\_\_\_\_  
 Agency \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Agency \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Agency \_\_\_\_\_

Standards

Board of Nursing Information

H. While test booklets are in custody of the Board, the storage facility shall be secure in the following ways:

- 1. The lock on the storage facility shall be unique. It may be a key lock, a combination lock, or a fail secure electronic locking device.
- 2. No more than three authorized persons shall have access to the unique lock.

3. Entrance into the storage facility shall be supervised by one of the authorized individuals with access to the unique lock.

4. There shall be controlled access to the storage facility. All ducts, vents, and windows are secured.

I. There shall be a secure method of taking the test booklets to and from the executive session of the Board.

J. Only Board members and authorized nurse employees shall be present for the review.

IX.H. While test booklets are in custody of the Board, the storage facility is secure in all of the following ways:

IX.H.1. Lock on the storage facility is unique.

IX.H.2. There are no more than three authorized persons with access to the unique lock.

Job Title \_\_\_\_\_  
 Agency \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Agency \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Agency \_\_\_\_\_

IX.H.3. Entrance into the storage facility is supervised by one of the authorized individuals with access to the unique lock.

IX.H.4. All access to the storage facility is controlled.

IX.I. There is a secure method of taking test booklets to and from the meeting.

IX.J. Only specified, authorized persons attend and participate in reviews.

Standards

Board of Nursing  
Information

- 1. An LPN/LVN Board Member who is enrolled in an RN program shall not be allowed to participate in the NCLEX-RN reviews.
- 2. An LPN/LVN Board member who is a candidate for NCLEX-RN shall not be allowed to participate in the NCLEX-RN reviews.
- K. No notes shall be taken or information removed by participants.
- L. Reviewers shall be instructed on measures to maintain security.
- M. Following the review, the person responsible for implementing the security measures shall provide the Council with a written compliance report.
- N. An inventory shall be conducted by two authorized persons after the session.

- IX.K. \_\_\_\_\_ No notes are taken or information removed by participants.
- IX.L. \_\_\_\_\_ Reviewers are so instructed.
- IX.M. \_\_\_\_\_ The responsible person provides the Council with a written compliance report.
- IX.N. \_\_\_\_\_ An inventory is conducted by two authorized persons.

Job Title \_\_\_\_\_  
 Agency \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Agency \_\_\_\_\_

- O. A written record of this inventory shall be made and maintained for six months.

- IX.O. \_\_\_\_\_ A written record is maintained for six months.

Standards

Board of Nursing Information

P. Any discrepancy in the inventory of booklets shall be reported immediately by telephone to the Council, the test service and the investigative agency. A copy of the written report of the discrepancies shall be mailed to all agencies within 24 hours of the incident.

Q. The booklets shall be returned to secure storage until shipped.

R. The booklets are shipped by the method designated by the test service.

X. DETAILED PROCEDURES

Written procedures shall be maintained detailing the current plan for implementing the security measures ("Procedures to Implement Security Measures"). Failure to comply may result in discipline by the Board of Directors.

IX.P. Any discrepancy in the inventory of booklets is reported immediately by telephone to the Council, test service and the investigative agency. A copy of the written report of the discrepancies is mailed to all agencies within 24 hours of the incident.

IX.Q. The booklets are returned to secure storage.

IX.R. The booklets are shipped by the method designated by the test service.

X. Written procedures are maintained detailing the current plan for implementing the security measures.

Person responsible for implementing the Security Measures:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



Jurisdiction \_\_\_\_\_  
Standards \_\_\_\_\_ Board of Nursing  
Information

ADDENDUM

STANDARDS FOR A TEST  
ADMINISTRATION AGENCY (TAA) TO  
ADMINISTER THE EXAMINATION FOR A  
MEMBER BOARD

A. The Test Administration Agency (TAA) utilized shall be approved by the Council.

A. \_\_\_\_\_ The test administration agency has been approved by the Council.

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

B. A registered nurse designated by the Board shall have administrative responsibility on behalf of the Board for contract compliance.

B. \_\_\_\_\_ The following registered nurse designee has administrative responsibility on behalf of the Board for contract compliance.

Name \_\_\_\_\_

Title \_\_\_\_\_

C. The Board or another appropriate state agency shall determine the eligibility of persons to write the licensure examination for registered nurses or for practical nurses.

C. \_\_\_\_\_ The Board or another appropriate state agency determines eligibility for writing the licensure examinations.

D. The TAA shall allow the Board the privilege of observing the administration of the examination at any time.

D. \_\_\_\_\_ The Board has the privilege of observing the administration of the examination at any time.

Standards

Board of Nursing  
Information

E. The TAA shall be familiar with the contents of the following and must adhere explicitly to the requirements specified in the:

1. Contract for the examinations negotiated between the Council and the Board.
2. Security measures for the examinations including the detailed procedures required by item X. (Procedures to Implement Security Measures).
3. Manuals for the administration of the examinations.

F. The TAA shall immediately after each administration of the examination, verify to the Board that all security provisions have been observed.

E.

\_\_\_\_\_ There is a system of orienting and familiarizing the TAA with the contents of the following and the determination of adherence to requirements: contract for the examination, security measures and Procedures to Implement Security Measures, and manuals for administration.

F.

\_\_\_\_\_ The TAA immediately verifies to the Board that all security provisions have been observed.

Standards

G.    The TAA shall, in the event of any situation which may be regarded as a security problem, immediately report by telephone, and promptly thereafter submit a detailed written report, to the designated registered nurse, and cooperate in taking appropriate action with respect to the situation.

G.    \_\_\_\_\_ The TAA reports by telephone and follows with a written report to the registered nurse designated by the Board, any situation which may be regarded as a security problem and cooperates in taking the appropriate action with respect to the situation.

## GLOSSARY OF TERMS

authorized person	The person listed in the security measures as having permission to carry out a particular activity.
combination lock	Manipulated dial or number punch (electronic or manual) lock.
double lock	Two separate locking devices with separate keys or ability to enter the storage site.
fail-secure electronic locking device	All locks remain locked in the case of a power failure.
immediate	Within thirty minutes of the time a problem is discovered.
investigative agency	The law enforcement agency within the state or local government that would handle security issues for the Board of Nursing.
kinship	Mother, father, sister, brother, spouse, grandparents, child, (including step-children), aunt, uncle, niece or nephew. This includes in-laws.
off site	Not in the Board of Nursing office. This includes storage in the building that houses the Board of Nursing office, as well as, storage that may be in another location.
secure storage	Any facility that meets the criteria set forth in the security measures. Acceptable storage includes: fire proof file cabinet, fire proof safe, locked closet, locked room, and vault.
unique lock	The lock shall not be part of the master keying system. Only staff cited in the security measures can open the lock. These locks must be changed whenever an authorized person is no longer employed by the Board of Nursing.
visible seal	Use of any type of material that will tell an inspector that a storage facility entrance has been opened (e.g. tape to seal the door, or anything else inventive).

# Report of Nursing Practice and Education Committee

## Recommendation

The Nursing Practice and Education Committee (NP&E) recommends that the Delegate Assembly adopt the following:

- Uniform Standards for Endorsement
- Uniform Requirements for Foreign Graduates

In addition the Committee supports the adoption of the recommendation(s) from the following reports of Subcommittees which are addenda to this report and will be considered as individual reports:

- The Subcommittee to Study Regulatory Models for Chemically Dependent Nurses
- The Subcommittee on PN/VN Competencies
- The Subcommittee on the Nurse Shortage

Though the Committee supports the recommendation(s) of the three Subcommittees, it offers the following comments about selected sections of the Subcommittee Reports:

- A. Subcommittee to Study Regulatory Models for Chemically Dependent Nurses: The Committee is assuming that it will have the opportunity to review the research proposal before it is submitted to funding agencies.
- B. Subcommittee on PN/VN Competencies: The Committee is assuming that it will continue to review data from job analysis studies for practice implications in conjunction with the work of the Task Force on Examinations for the Future.
- C. Subcommittee on the Nurse Shortage: The Committee makes the following comments:
  1. Strategies for Member Boards: Rationale for Strategy #3:
    - a. The Committee recognizes the definition of delegation and assignment in the rationale statement for strategy Number 3 for Member Boards as being a management definition of the terms of "delegation" and "assignment". However, the regulatory definition of delegation is recognized as different from this management definition. The regulatory definition presented in the National Council's Position Paper on Activities of Unlicensed Persons 1987 and in the Model Administrative Rules, 1988, p.91, is as follows:

"Nurses entrusting the performance of selected nursing tasks to competent subordinate persons in selected situations. The nurse retains the accountability for the total nursing care of the individual."

This definition implies that the legal obligation of the nurse remains the same regardless to whom care is delegated.

2. Strategies for Member Boards: Strategy #5:

The Committee is recommending the adoption of Uniform Requirements for Foreign Graduates that does not make exceptions for any subset of the foreign nurse population. The NP&E Committee believes foreign graduates should be treated as an entity as United States prepared graduates are treated as an entity. Both groups should be required to meet the same set of standards.

**Meeting Dates**

The committee met four times: October 30-November 1, 1988, December 15-17, 1988, April 3-5, 1989, and May 12, 1989, conference call. The committee was directed by Delegate Assembly to: bring update reports on entry into practice and continued competence, including the extent of the inclusion of peer review as a continued competence mechanism into nursing practice acts; and to recommend to the 1989 Delegate Assembly a model set of endorsement standards.

**Activities**

The Committee accomplished the following activities:

1. Developed a Relationship Model for Committees and Subcommittees which was approved by the Board of Directors at their January 1989 meeting. (See Attachment A);
2. Reviewed and commented on reports from the following three Subcommittees of the Nursing Practice and Education Committee:
  - a. Subcommittee to Study Regulatory Models for Chemically Dependent Nurses.
  - b. The Subcommittee on PN/VN Competencies.
  - c. The Subcommittee on Nursing Shortage.
3. Reviewed data relative to the implementation of the Nursing Home Reform Act, Omnibus Budget Reconciliation Act (OBRA) of 1987, for practice and general regulatory implications. The primary findings of this review are as follows:
  - a. Eleven Boards of Nursing have obtained or are seeking authority to implement some or all of the provisions of the OBRA legislation. For those states where authority does not rest with the Board of Nursing, the question of having responsibility for day to day supervision of nurse aides without the authority to establish standards for or monitor the practice of nurse aides is a large one. The issue of delegation also is a concern, because nursing is delegating nursing tasks to a group over whom they do not have regulatory authority. Also, in

some states, LPNs do not have the authority to delegate to subordinates, which could create a regulatory dilemma.

- b. Some Boards of Nursing and other state entities, in their regulations, have provided for endorsement recognition of nurse aides. Since there is not a national evaluation mechanism being utilized by all states for either the evaluation of training programs or for competency evaluation of nurse aides, this endorsement provision was viewed as being potentially detrimental to the health, safety and welfare of the public. If there were in place one training and competency evaluation process utilized by all states, the potential danger to the health, safety and welfare of the public would be minimized.
  - c. Some Boards of Nursing and state entities spoke to some exemptions in their regulations for nurse aides. Exemptions were identified for nursing students, graduates of LPN or RN programs who were not successful in the examination process; and aides who had gone through a state training or certification process prior to the OBRA law. The least risky approach for the public's health, safety and welfare would be to minimize exemptions, requiring those desiring to work as nurse aides to go through the training and evaluation process required by OBRA. This requirement ensures that the public will receive the care at the minimal essential level established for the role of a nurse aide.
4. Reviewed and analyzed data from Entry into Practice and Continued Competence surveys for general trends. Reports on the outcome are presented in narrative and graphic form within the context of this report (See Attachments B and C).
  5. Prepared responses relative to implications for practice and education to the 1987 PN/VN and RN Job Analysis Studies. These responses were shared with the Board of Directors at their April 1989 meeting.
  6. Met with the entire Examination Committee at the National Council's October Orientation session for the purpose of discussing joint Committee activities related to continued competence.
  7. Participated in a joint meeting with the Subcommittee on Continued Competence of the Examination Committee at the NP&E's April meeting regarding the joint discussions of the two committees related to continued competence. A process for working toward implementation of the 1987 Delegate Assembly charge to explore mechanisms for identifying minimum levels of ongoing (continued) competence of licensed nurses and methods for determining the maintenance of minimum competence was defined. The process which was submitted to the Board of Directors at its April 1989 meeting, and subsequently approved, follows:
    - a. Develop a conceptual framework for continued competence including definitions of key concepts related to continued competence and licensure; continued competence as it is related to relicensure; and concepts of "ensure" and "assure" related to general regulatory responsibilities.

- b. Identify mechanisms for maintenance of continued competence and operationally define them.
- c. Validate, through a research process, the operationally defined continued competence mechanisms and report conclusions regarding the effectiveness of the mechanisms.

The Nursing Practice & Education Committee will complete 'a' and 'b' and will share the results of its work with the Examination Committee.

Both Committees agreed to suggest that the Examination Committee involvement in the project be limited to participation at the validation stage, if the National Council Licensure Examinations are used as part of the research process.

- 8. Prepared annotated additions to the bibliography on trends in the regulatory committee and circulated those additions in June 1989.
- 9. Prepared, after careful review of responses from Member Boards and the Board of Directors, Uniform Requirements for Licensure of Foreign Educated Nurses (See Attachment D).
- 10. Prepared, after careful review of responses from Member Boards and the Board of Directors, Uniform Standards for Endorsement. (See Attachment E).

#### **Committee Objectives**

Committee objectives for 1989-1990 are as follows:

- 1. To monitor the use of continued competence mechanisms, particularly peer review, by Boards of Nursing;
- 2. To monitor entry into practice activities by Boards of Nursing;
- 3. To monitor the work of the Subcommittee to Study Regulatory Models for Chemically Dependent Nurses, if the Delegate Assembly authorizes their work for FY90;
- 4. To develop a conceptual framework for continued competence including definitions of key concepts related to continued competence and licensure; continued competence as it is related to relicensure; and concepts of "assure" and "ensure" related to general regulatory responsibilities;
- 5. To identify mechanisms for maintenance of continued competence and operationally define them;
- 6. To study the activities of generalists as they relate to advanced nursing roles;
- 7. To prepare a concept paper on delegation;
- 8. To prepare a concept paper on declaratory statements and advisory opinions;
- 9. To study the issue of transport, traveling and interstate consultant nurse roles; and



10. To monitor the general regulatory literature for additions to the Regulatory Bibliography developed in FY87.

**Committee Members**

Sr. Lucie Leonard, LA-RN, III, *Chairperson*

Mary Ellen Connor, UT, I

Sr. Teresa Harris, NJ, IV

Betty Hunt, NC, III

Tommy Murphree, AL, III

Tom Neuman, WI, II

Marsha Kelly, *Director of Public Policy Analysis*

## NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Relationship Model for Committees  
and Subcommittees

1. The Committee meets with the Subcommittee to:
  - a. State relationship of Committee and Subcommittee.
  - b. Clarify charge to Subcommittee.
  - c. Brainstorm regarding charge and related issues.
  - d. Establish a plan of communication between Committee and Subcommittee (The Subcommittee communicates through its Chairperson).
2. The Subcommittee communicates to the Committee, requesting feedback.
  - The Committee gives feedback to Subcommittee regarding its work.
3. The final product of the Subcommittee is sent to the Committee.
4. The Committee reviews the final product of the Subcommittee. If the Committee cannot endorse the product as submitted, the Chairperson of the Committee contacts the Chairperson of the Subcommittee, and an attempt is made to resolve the concern(s). If necessary, a telephone conference is arranged between the total Committee and the Chairperson of the Subcommittee. The Chairperson of the Subcommittee may contact the members of the Subcommittee.
5. If a consensus is reached regarding the final Subcommittee product, it is submitted to the Delegate Assembly as an attachment to the Committee report with identification as the Subcommittee's work product. If consensus is not reached, the Committee includes, in its report, comments reflecting the differences of opinion with the Subcommittee. The work of the Subcommittee is submitted, in its entirety, to the Delegate Assembly.

### ENTRY INTO PRACTICE REPORT

In 1986 the Delegate Assembly of the National Council of State Boards of Nursing, Inc., directed the Nursing Practice and Standards Committee to prepare a yearly update report on entry into practice to the Delegate Assembly. In the winter of 1988, the Committee circulated the extensive questionnaire developed in 1986 by the Entry into Practice Report Committee (as revised in 1987 by the Nursing Practice and Standards Committee) and requested Member Boards to update the information if changes had occurred since 1987. The 1988 Delegate Assembly further directed that entry into practice data be collected as a routine part of the National Council data collection for yearly review by the Nursing Practice and Standards Committee.

### RESULTS

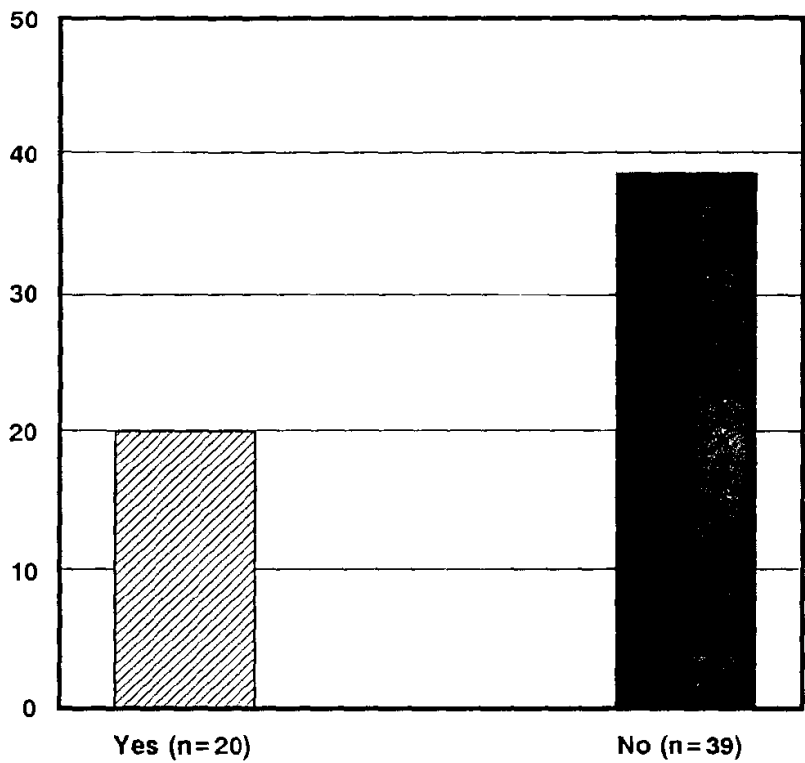
Fifty-nine Member Boards responded to the Entry into Practice update questionnaire and reported the following results:

- Nineteen (19) Member Boards of the fifty-nine responding have taken a formal position on entry. Only one state (Massachusetts) reported taking a formal position since the update report presented to the 1988 Delegate Assembly.
- No Member Boards reported new activity relative to independent or collaborative activity to study or implement the profession's goal of two levels of nursing education with two new titles and distinct scopes of practice.
- Twenty-three (23) Member Boards reported the authority to implement changes to educational requirements for entry into nursing.

See Table I.

# Table I

## Member Boards with Entry Into Practice Positions



- Alaska
- Connecticut
- Idaho
- Illinois
- Massachusetts
- Maine
- Minnesota
- Mississippi
- Montana
- North Carolina
- North Dakota
- Nevada
- New York
- South Carolina
- South Dakota
- Texas-RN
- Texas-VN
- Washington-RN
- West Virginia-RN
- Wyoming

- Alabama
- Arkansas
- Arizona
- California-RN
- California-VN
- Colorado
- District of Columbia
- Delaware
- Florida
- Georgia-RN
- Georgia-PN
- Guam
- Hawaii
- Iowa
- Indiana
- Kansas
- Kentucky
- Louisiana-RN
- Louisiana-PN
- Maryland

- Michigan
- Missouri
- Nebraska
- New Hampshire
- New Jersey
- New Mexico
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- Tennessee
- Utah
- Vermont
- Virgin Islands
- Virginia
- Washington-PN
- West Virginia-PN
- Wisconsin

### CONTINUED COMPETENCE UPDATE REPORT

In 1986, the Delegate Assembly of the National Council of State Boards of Nursing, Inc., directed the Nursing Practice and Standards Committee to monitor the use of Continued Competence Mechanisms by Boards of Nursing and to present a yearly update report to the Delegate Assembly. The 1987 Delegate Assembly further directed the Nursing Practice and Standards Committee to monitor the inclusion into nursing practice acts, of the requirement of peer review as the mechanism for measuring continued competence. Subsequently, the 1988 Delegate Assembly directed that information about continued competence mechanisms be collected as a routine part of National Council data collection for yearly review by the Nursing Practice and Standards Committee.

### RESULTS

Fifty-one Member Boards responded to the questionnaire. The tabulated data resulted in the following:

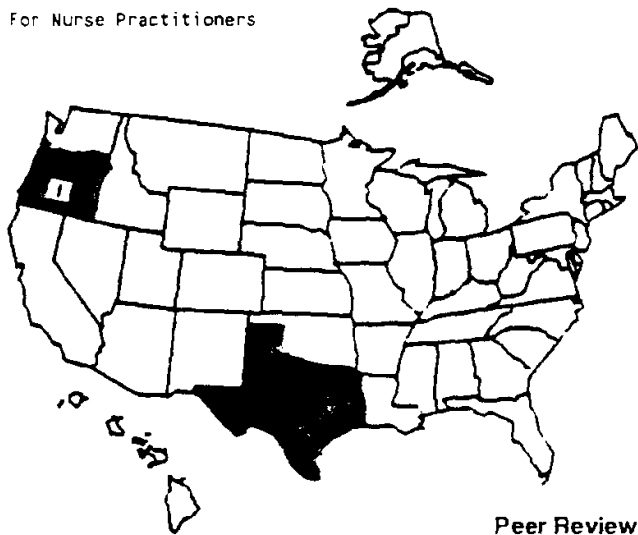
- Texas and Oregon reported the use of peer review;
- Sixteen (16) states reported the use of the following continuing education mechanisms for renewal of licensure:
  1. Two states reported the use of continuing education for advanced practice;
  2. Fourteen (14) reported the use of continuing education for renewal of licensure;
- No states reported the use of client review;
- Seventeen (17) states reported the use of periodic refresher courses, with various conditions, for reentry into active practice after a prolonged absence from practice;
- Two (2) states reported the use of a competency examination; and
- Sixteen (16) states reported the use of a practice requirement for renewal of license.

The three most often used mechanisms are still continuing education, refresher courses and a practice requirement.

See Table II.

# Table II Continued Competency Mechanisms

1. For Nurse Practitioners

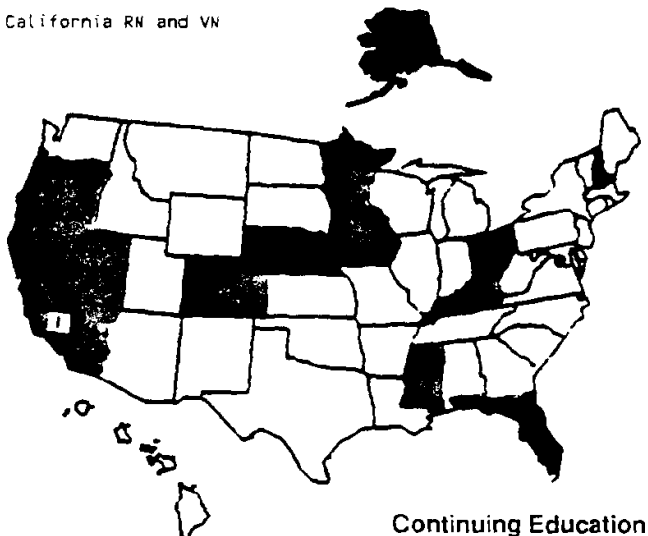


Peer Review



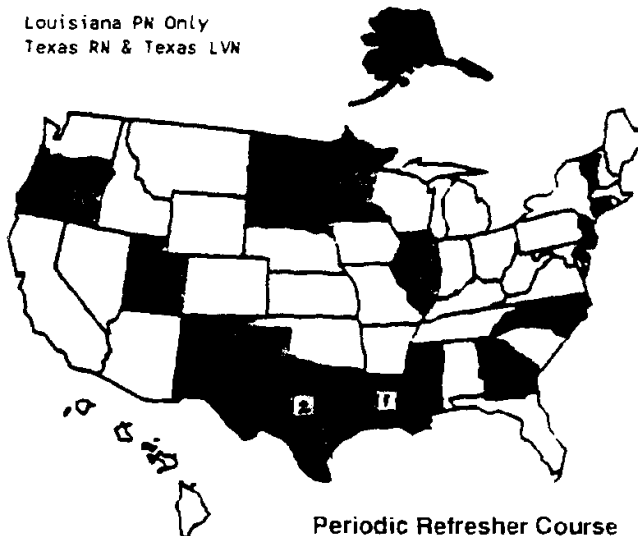
Competency Examination

1. California RN and VN

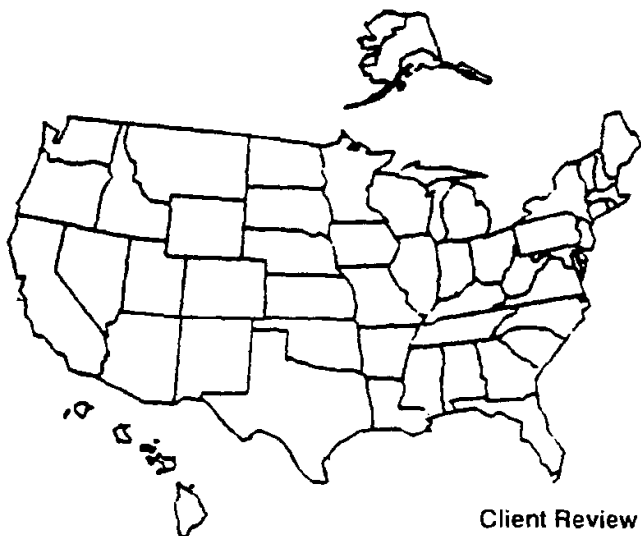


Continuing Education

1. Louisiana PN Only  
2. Texas RN & Texas LVN

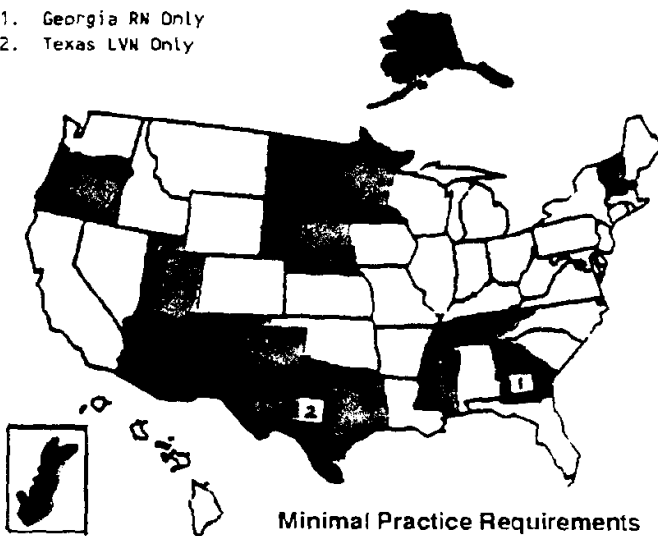


Periodic Refresher Course



Client Review

1. Georgia RN Only  
2. Texas LVN Only



Minimal Practice Requirements

## ATTACHMENT D

## NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Uniform Requirements for Licensure of  
Foreign Educated Nurses

Requirement	Comments
1. Submit a CGFNS Certificate	<p>CGFNS exam has been validated as a screening instrument for performance on NCLEX-RN.</p> <p>CGFNS screens for written English proficiency and for nursing knowledge. The screening includes an evaluation of the components of education and their comparability with curricula of approved United States nursing programs.</p>
2. Meet the passing standard of NCLEX.	<p>NCLEX is a valid and reliable measure of ability to practice nursing at a minimum safe and effective level.</p>
3. Present evidence of a current unrestricted license in another country/state, or meet the requirements for licensure by examination.	<p>These are relative indicators of minimum competence. There is difficulty in controlling variables in each situation.</p>
4. Meet the educational requirements of the jurisdiction.	<p>This would assure the United States and foreign graduates would have equivalent standard for education.</p> <p>There is no provision in these uniform requirements for a temporary license because of the difficulty in establishing equivalency between licensure requirements in the United States and those in other countries. States which grant a temporary license/permit may require evidence of active practice within the last five years.</p>

Summary of Data Regarding CNATS:

25 Member Boards, or 65% of respondents, reported that the English version of the CNATS examination is accepted in their states.

36 Member Boards, or 94% of respondents, suggested that the NCSBN perform a new study of CNATS.

Recommendation of Nursing Practice and Education Committee:

The Nursing Practice and Education Committee supported the Board of Director's April 1989 action to perform a review of the English version of the CNATS examination to determine its comparability with NCLEX-RN.



## NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Uniform Standards for Endorsement

Requirement	Comments
1. A completed application including the following identifiers:	In some instances, there are legal constraints which prohibit requiring certain information. In those instances, the information may be obtained on a voluntary basis.
a. Name at birth and all other previously used names and aliases;	This is the common personal social identifier of human beings and their lineage.
b. Passport picture;	This is to assist in the verification of identity.
c. Birthdate;	This serves as a cross reference to assist in the verification of identity.
d. Social Security number;	This is a unique governmental identifier under which unique social data about an individual is organized. It is also a proposed requirement as the basis for reporting and retrieving data from the National Practitioner Data Bank, established by the Health Care Quality Assurance Act of 1986 to which all health care licensing boards will be required to report by the end of 1989.
e. Name of high school and year of graduation, or date of G.E.D.;	This serves as an identifier from an individual's history that is not common knowledge.
f. Name of basic nursing education program;	This is the legal source of documentation of completion of the educational requirements used as a basis for licensure.

Requirement	Comments
<p>2. Verification and date of completion of the educational requirements for licensure.</p>	<p>This is the legal documentation of completion of an educational program used as the basis to ensure public health, safety, and welfare.</p> <p>The administrative rules should specify which standard of nursing education is in effect:</p> <ol style="list-style-type: none"> <li>1. The standard at the time of original licensure; or</li> <li>2. The current standard.</li> </ol>
<p>3. Verification and documentation of licensure status:</p> <p>a. The original jurisdiction of licensure to include the following information:</p> <ol style="list-style-type: none"> <li>1. Type of exam;</li> <li>2. Date and series/form;</li> <li>3. Result of scoring;</li> <li>4. Number and date of original license;</li> <li>5. Disciplinary action;</li> <li>6. Current status of license;</li> <li>7. All jurisdictions to which the license has been verified.</li> </ol>	<p>Documentation of licensure status from the original state of licensure is the preferred mechanism for protection of the public's health, safety, and welfare.</p> <p>This ensures that one jurisdiction has documentation of all jurisdictions to which the individual's license has been verified and makes it possible to provide that information on the verification form.</p> <p>This ensures that the examination meets the requirements for licensure.</p> <p>This is a minimal data set to insure public health, safety, and welfare. Obtaining the same information from the Board and the applicant serves as a mechanism for verifying information given by the applicant. This decreases the likelihood of granting a license on the basis of false information.</p>

Requirement	Comments
b. The jurisdiction of most recent nursing employment to include the following information:	This ensures evidence of current knowledge and minimum essential skill and ability.
1. Number and date of license;	See comments under 3a, 3a.4-6.
2. Disciplinary actions;	Requiring information from the jurisdiction of original licensure and from the jurisdiction of most recent employment provides a basis of comparison with the information provided by the applicant.
4. Submission of the required fee(s).	

Requirements for Temporary Licensure

1. A completed application including the following:	The granting of a temporary license recognizes the mobility of nurses and provides a mechanism for the legal practice of nursing while processing the licensure application.
a. Identifiers required for endorsement; (Requirements 1, a through f)	
b. Evidence of current licensure in the jurisdiction of most recent nursing employment;	This ensures evidence of current knowledge, skills, and abilities at a minimum essential level.  Requirements for temporary licensure can be more stringent, because it is being granted under the assumption that the individual will meet the requirements for permanent licensure.
c. Evidence of active nursing practice within the last five years;	Evidence of employment during the past five years is used to ensure evidence of current knowledge.

---

Requirement	Comments
2. Submission of the required fee(s).	
3. The applicant shall provide the following information which is subject to verification and a review by the Board.	
a. Disciplinary action by another jurisdiction;	This is the essential data set that should be required for protection of public health, safety, and welfare by decreasing the likelihood of granting a temporary license to one who might not be eligible for a permanent license.
b. Criminal conviction or active investigation;	
c. Information regarding other causes for denial of licensure.	
d. Name of employer.	
4. The temporary license shall be non-renewable and shall remain valid for 90 days or until the applicant is granted or denied a license, whichever is shorter.	This assures that permanent disposition will occur for an individual's application for a license.

# Report of the Subcommittee to Study Regulatory Models for Chemically Dependent Nurses

## Recommendation

The Delegate Assembly authorize continuation of the Subcommittee to Study Regulatory Models for Chemically Dependent Nurses.

## Background

The Subcommittee to Study Regulatory Models for Chemically Dependent Nurses was established in 1988 by the National Council. The subcommittee was charged with the responsibility to develop a funding proposal to study regulatory models for chemically dependent nurses and the cost effectiveness of these models.

The anticipated outcomes of the study would provide Member Boards and other policymaking groups with information that would allow them to identify an approach that would be most appropriate in terms of rehabilitating chemically dependent nurses and protecting the recipients of nursing care. The study would examine rates of return to active license status, return to work, and recidivism in terms of characteristics of the nurse, type of chemical dependency, work setting and environment, type of management/rehabilitation model, and cost.

In recent years, the primary reason for disciplinary action being taken against the license of a registered nurse (RN) or licensed practical/vocational nurse (LPN/VN) relates to actions involving the use and/or diversion of controlled substances and/or alcohol. During the period of 1980 to 1986, boards of nursing took disciplinary action against the licenses of 9,589 RNs and 5,020 LPN/VNs. Of these, 46% of the RN cases and 36% of the LPN/VN cases were drug related. In 1988, 60% of 3,378 RN cases and 43% of 1,680 LPN/VN disciplinary cases reported to the National Council were drug related.

These figures represent only those nurses reported to their board of nursing and for whom charges were substantiated. Therefore, they only represent the "tip of the iceberg" with respect to the total number of nurses with a chemical dependency. Depending upon the jurisdiction in which the nurse practices, a pure disciplinary approach, a peer assistance/diversion approach, or a variety of combinations of these two approaches may be used when a chemical dependency is identified.

While evaluative studies have been conducted with respect to the outcomes of a specific approach, there has never been a comparative study performed to determine which of the various approaches is more successful in terms of rehabilitation of nurses, their return to work, recidivism rates, and cost.

The absence of comparative data impacts on decision-making with regard to public policy evaluation and development as it relates to a board of nursing's mandate to protect the public's health, safety, and welfare. An inadequate supply of nurses impacts negatively on the ability to provide competent nursing services. The potential permanent loss of nurses, who previously made positive contributions to nursing, from the work force is also costly to the employing institutions in terms of their investment in an individual nurse and in the cost of recruiting and orienting replacement personnel.

If there are one or more regulatory models that incorporate management approaches that are clearly superior to others, the ultimate outcome should be higher rates of rehabilitation, return to active license status, return to work, and lower recidivism rates. A management approach that would result in an increase in the number of competent RNs and LPN/VNs in the workforce is an important factor to be considered given the current manpower crisis where the demand for nurses is greater than supply.

#### **Activities**

The subcommittee met two times: January 10-11, 1989, and May 16-17, 1989. In addition, the chairperson met with the Nursing Practice and Education Committee during its October 30-November 1, 1988, meeting and participated in its May 12, 1989, conference call.

In collaboration with a consultant, the subcommittee accomplished the following activities in preparation for developing a funding proposal to carry out a comparative analysis of regulatory models for chemically dependent nurses:

1. Directed staff to identify potential funding sources and to ascertain their interest in considering a funding proposal for the study. Of 32 foundations, four have indicated interest in reviewing a proposal; nine have not yet responded to the letter of inquiry. Additional potential sources have been identified and staff has been directed to approach these groups.
2. Identified a theoretical framework for the study, based on Systems Theory.
3. Reviewed National Council statistics and documents summarizing disciplinary action and regulatory models for chemically dependent nurses.
4. Identified current literature addressing characteristics of the chemically dependent nurse and management outcome variables.
5. Initiated collection of definitions used by various groups (e.g., National Council, World Health Organization, etc.).
6. Identified types of regulatory models to be included in the comparative analysis.
7. Identified the critical need for a Member Board survey to determine type of regulatory approach used, and availability of diversion programs and/or peer assistance programs, and outlined survey content.
8. Identified mechanism for identification of the population to be studied and a procedure for obtaining potential study participants.
9. Determined that potential study participants should be identified using a stratified random sample selection procedure (levels of stratification being geographic region and regulatory model).
10. Identified relevant data collection instruments and initiated collection and review of these instruments for a systematic review of their characteristics (e.g., content, format, manner of administration, time needed for completion, etc.).

11. Determined that data collection instruments will need to be pilot tested prior to use in the study and that an additional funding proposal should be prepared and submitted to support this preliminary step.
12. Determined that, in addition to an initial data collection period, study participants should be followed for a period of two years with periodic data collection; therefore, three to four years would be necessary to complete the study.
13. Determined that in order to obtain full cooperation of study participants, there is need to "distance" data collectors from any association with a board of nursing. This will necessitate subcontracting data collection to an outside group or entering into a collaborative agreement with another group or agency (e.g., a university, research center, etc.).
14. Initiated discussion of data analysis procedures.

**Committee Members**

Lois Scibetta, Kansas, Area II, *Chairperson*  
Patsy Duphorne, New Mexico, Area I  
Cennette Jackson, Georgia-RN, Area III  
Rena Lawrence, Pennsylvania, Area IV

**Consultant**

Mary Haack, National Institute of Alcohol  
Abuse and Alcoholism, Maryland

**Staff**

Carolyn Yocom, *Director of Research Services*

## **Subcommittee on the Nurse Shortage Report to the 1989 Delegate Assembly**

### **Recommendation**

That the National Council explore the feasibility of developing generally applicable audio-visual materials on the role of regulation for use by Member Boards.

### **Background**

The Subcommittee was formed in response to the 1988 Delegate Assembly resolution that the "National Council develop short- and long-term strategies that Member Boards and the National Council can take to minimize the negative consequences of the nurse shortage."

### **Activities**

The Subcommittee on the Nurse Shortage, a subcommittee of the Nursing Practice and Education Committee, met three times: October 31-November 1, 1988, at the Orientation/Planning Session; January 5-6, 1989, in Chicago; and April 14, 1989, by telephone conference call.

In its preparation of these strategies, and to avoid duplication of effort, the subcommittee reviewed several documents addressing the nurse shortage and its effect on public health, safety, and welfare. These documents included the Report of the Secretary of Health and Human Services' Commission on Nursing; the American Hospital Association Report: Responding to the Nurse Shortage; the National League for Nursing's Student Census; and several reports of governor-appointed commissions.

The Subcommittee also developed and issued a survey to Member Boards on the regulatory implications of the nurse shortage. Responses were received from 40 Member Boards and used to develop the following strategies (a summary of these responses follows the strategies).

Finally, it should be noted that, while the Subcommittee differentiated strategies as to whether they were appropriate for Member Board or National Council action, the Subcommittee did not differentiate short- from long-term strategies. The Subcommittee's rationale was that, unless specifically stated otherwise, all strategies could be considered in both the short- and long-term. Furthermore, the Subcommittee believes that most strategies are viable and worthy of consideration despite the presence or absence of a nurse shortage.

### **Committee Members**

Ann Petersen, UT, Area I, *Chairperson*

Diane Bernhein, WA, Area I

Sheila Exstrom, NE, Area II

Jeri Milstead, SC, Area III

Donald Prey, ME, Area IV

Kathy Kostbade Hughes, *Director of Administration*



Strategies for Member Boards:

1. Member Boards should review existing rules to determine whether they facilitate program articulation, outreach programs, clinical preceptorships, and other innovative nursing education models (designed to recruit and retain nurses). Member Boards should assume a proactive role in encouraging nursing education programs to: increase the flexibility of the nursing curriculum, develop innovative nursing programs, increase educational mobility, and increase transferability of courses and/or credits.

Rationale:

In response to the nurse shortage, many educational programs and health care agencies have implemented innovative models designed to recruit and retain nurses. The Subcommittee believes certain rules may unnecessarily preclude the implementation of innovative models thereby failing to serve the public interest. Such rules should be evaluated and, if possible, eliminated or revised to facilitate the development of innovative mechanisms of nursing education at all levels.

2. Member Boards should continue to maintain strict standards for faculty qualifications/numbers and student admission/continuation policies.

Rationale:

Because labor shortages may be accompanied by pressure to relax standards, the Subcommittee believes it is critical that Member Boards continue to enforce nursing education standards within their jurisdictions. Nursing education programs should not lower faculty standards or student requirements in response to the shortage or as a means of increasing student enrollment. The Subcommittee further believes the public would be ill-served by the licensure of persons who do not satisfy minimum education and practice prerequisites.

3. Member Boards should review their nurse practice acts or rules to ensure the term "delegation" is clearly defined. Member Boards also should provide information to current and future licensees on the meaning and practice implications of the terms "delegation" and "assignment."

Rationale:

In reviewing various reports of commissions established to address the nurse shortage, it came to the Subcommittee's attention that the shortage has contributed to nurses delegating and assigning nursing procedures previously performed only by licensed nurses. Nurses may be uncertain about what procedures or practices can be delegated and assigned appropriately.

Because of inherent legal implications and professional accountability issues, the Subcommittee believes it is important for licensees to understand the difference between these terms. The Subcommittee believes that nursing procedures and practice are delegated to other licensed personnel; and that they are assigned to unlicensed persons. These terms should be interpreted by Member Boards to licensees along with broad guidelines for appropriate delegation and assignment. The Subcommittee also feels these concepts and the decisions governing their implementation should be introduced to nursing students by the nursing education programs.

4. Member Boards should serve as information resources to legislators regarding nursing education and, when appropriate, seek legislative support for all types of nursing education programs.

Rationale:

The Subcommittee recognizes there is considerable variability regarding individual Member Boards' roles in the funding of nursing education. Many Member Boards are prohibited from addressing this issue while others assume an active role in obtaining and administering scholarship monies to prospective nurses.

In those instances in which Members Boards are involved in the funding process, the Subcommittee believes all forms of nursing education should be included as a means of facilitating the entry or re-entry of licensed nurses into nursing practice.

5. Member Boards should review statutes and rules to identify licensing requirements that may be unduly restrictive with particular attention to areas such as: (1) foreign educated nurses whose educational systems are similar to U.S. standards and/or whose primary language is English, and (2) endorsement requirements that do not allow the Board discretion in determining licensure qualifications for nurses with documented satisfactory practice experience.

Rationale:

The Subcommittee believes that the public health, safety, and welfare are not served by unduly restrictive language in statutes and rules. The Subcommittee further believes that individual Member Boards are the most appropriate entities to determine what constitutes unduly restrictive language within the context of their own jurisdictions.

6. The Subcommittee discussed the issue of regulating temporary nursing personnel agencies because several Member Boards regulate or plan to regulate these agencies and because several commission reports on the nurse shortage have raised this issue. The Subcommittee suggests that there be further discussion and possible action regarding the regulation of temporary nursing personnel agencies.

Rationale:

At this time, the Subcommittee does not believe that there are current, reliable data to indicate Member Boards should regulate this type of employer any differently than other employers of licensed nurses. Additional data, however, may suggest the need for agency regulation.

Strategies for the National Council:

1. The National Council should explore the feasibility of developing generally applicable audio-visual materials on the role of regulation for use by Member Boards.

Rationale:

The current nurse shortage has resulted in closer scrutiny of Member Board activities by legislators, consumers, educators, and health care agencies. In some instances, the regulatory role is misunderstood, misinterpreted, or at least not appreciated. Member Boards are often forced to assume a defensive posture when responding to complaints about certain regulatory functions. The Subcommittee believes Member Boards could benefit from a comprehensive public relations program. Audio-visual materials that address Member Boards' role in protecting the public health, safety, and welfare would assist Member Boards in implementing such a program.

2. The National Council should continue to review periodically its *Model Nurse Practice Act* and *Model Administrative Rules* to ensure they do not include unnecessary barriers to nursing education and practice.

Rationale:

For reasons discussed in the first strategy for Member Boards, the National Council should examine periodically its Model Nurse Practice Act and Model Administrative Rules to ensure that future innovative education and practice models will not be prohibited unnecessarily.

3. The National Council and Member Boards should continue to monitor and evaluate research on differentiated practice models and evaluate trend data on implementation.

Rationale:

In response to the nurse shortage, many health care agencies have implemented various forms of differentiated practice models. Additionally, several commissions, established to address the nurse shortage, have recommended implementation of models of differentiated practice roles as means of efficiently utilizing existing nursing personnel. The Subcommittee believes such practices may eventually alter the scope of nursing practice. Therefore, the National Council and its Member Boards should closely monitor differentiated practice models for any regulatory implications.

4. The Board of Directors and committees of the National Council should critically evaluate the licensure examination process and schedule as these relate to nurse supply, with the objective of facilitating prompt licensure of graduates.

Rationale:

The Subcommittee believes that changes in the present process might facilitate prompt licensure of graduates and minimize unnecessary delays which may not be in the public's interest. Additional examinations, changes in the examination schedule, and/or accelerated implementation of computer-based testing might facilitate the licensure process.

5. The National Council should conduct a study to compare NCLEX and the English language examination of the Canadian Nurses Association Test Service (CNATS). The study findings should be used to develop recommendations regarding U.S. licensure of Canadian nurses.

Rationale:

Different jurisdictions have different rules and regulations regarding the licensure of nurses educated in Canada. The Subcommittee believes that these varying policies are not based on definitive and current empirical data. Moreover, many jurisdictions report that the nurse shortage has resulted in increased pressure to license Canadian nurses. For these reasons, the Subcommittee believes that a comparability study between NCLEX and CNATS is warranted.

## Addendum

### Notes on Implementation of Strategies for the National Council

Following its review of the Subcommittee's report, the Board of Directors directed staff to perform an analysis of the strategies' implications for current and future National Council activities. The Board's rationale was that some National Council strategies might already be underway; others might impact on one or more committees' FY90 goals if they were to be implemented. Thus, even though the Subcommittee is recommending that only the first National Council strategy be adopted by the 1989 Delegate Assembly, the Board believed that it would be prudent to assess the operational impact of the other National Council strategies.

#### Subcommittee Recommendation/Strategy # 1: Fiscal Impact

First, it should be noted that the Subcommittee's recommendation to explore the feasibility of producing audio-visual materials presently does not have a fiscal impact. If the Delegate Assembly adopts this recommendation, the feasibility study will be conducted by a National Council Committee, probably the Communications Committee. The Communications Committee would assess market demand and then determine the most cost-effective and appropriate medium, given that demand. At that time, the fiscal impact would be determined and could then be built into the committee's FY91 budget.

#### Strategy # 2

The second National Council strategy is currently being accomplished by the Nursing Practice and Education Committee in accordance with the Operational Plan which states that the National Council will "evaluate the use of the *Model Nursing Practice Act* and make appropriate revisions" (Goal I, Objective A). Revised *Model Nurse Practice Act* and *Model Administrative Rules* were most recently adopted by the 1988 Delegate Assembly. The strategy implies that review will be an ongoing process with revisions recommended to the Delegate Assembly on a regular basis.

#### Strategy # 3

The third National Council strategy is consistent with two Operational Plan strategies that the National Council "monitor the major nursing research projects relative to implications on legal standards of nursing practice" (Goal V, Objective A) and that the National Council "gather data concerning advanced practice" (Goal V, Objective A). To date, there has been some attempt to monitor research on differentiated practice models. As outlined by the Task Force on Examinations for the Future in its 1988 report, the job analysis study performed in FY90 will incorporate nurses practicing in sites where differentiated practice models are being implemented. Data from their responses will be available for study of regulatory implications, as well as planned use in the study of testing models for future examinations. The data collection costs are included in the approved FY90 budget. In addition, the Nursing Practice and Education Committee regularly monitors the research literature for trends having regulatory implications.

#### Strategy # 4

The fourth National Council strategy and its rationale are consistent with National Council Operational Plan strategies that the National Council "evaluate policies and procedures for the licensing examinations" (Goal I, Objective B) and "perform a feasibility study of the computerized adaptive testing program" (Goal I, Objective A). A study of the feasibility of adding a third NCLEX administration was conducted by the Board of Directors, testing committees, staff, and CTB/McGraw-Hill in early 1989. A summary of results was disseminated to Member Boards, and an informal survey on preferences regarding additional administrations was conducted at the area meetings. The Administration of Examination Committee periodically performs surveys to determine whether changes in administration schedules are warranted, and will continue to do so.

As for the Subcommittee's rationale that computer-based testing might facilitate the licensure process, the following should be noted. The Computerized Adaptive Testing (CAT) project was initiated in December 1986. In August 1988, delegates voted to pursue the feasibility study with field tests for RNs scheduled to take place in July 1990 and February 1991. The final report will be forwarded to the 1991 Delegate Assembly which will vote on whether CAT should be implemented for RNs. The PN field tests will occur in October 1992 and April 1993, if so directed by the Delegate Assembly.

#### Strategy # 5

With respect to the fifth National Council strategy, the Board directed, and the Examination Committee is planning to perform, a comparability study of the CNATS examination and NCLEX in FY90. Such a study involves "on paper" comparisons between the two examinations in a number of respects. There is no direct fiscal impact of this strategy. However, if a more definitive study of "equivalence" between the examinations is undertaken, a more elaborate research approach would be necessary. Such an approach would require that supporting funds be allocated or obtained from an external source.

# Report of Subcommittee on PN/VN Competencies

## Recommendations

1. The Delegate Assembly authorize the conduction of a limited-scope job analysis in sites with differentiated job descriptions reflecting evolving practice, using the qualitative and quantitative instruments to determine whether the three sets of hypothesized competencies are validated.
2. The Delegate Assembly authorize the Task Force on Examinations for the Future be reconvened during FY91 for the purpose of reviewing all data from job analysis studies and recommending a specific testing model to the Delegate Assembly in FY92.

## Historical Background

During the August 1986 Delegate Assembly, a resolution was adopted which resulted in the appointment of the Task Force on Examinations for the Future:

RESOLVED that a task force be appointed to explore and plan the development of new licensure examinations based upon minimum competencies of evolving levels of practice.

Another resolution, also adopted at the August 1986 Delegate Assembly, stated:

RESOLVED that the National Council of State Boards of Nursing, Inc., adopt a formal position of neutrality on changes in nursing educational requirements for entry into practice and that it be disseminated along with its rationale to the nursing profession.

In keeping with this position of neutrality, the Task Force was not to debate the entry issue but rather to explore how the Council could best respond to the needs of individual Member Boards for licensure examinations, should states enact statutory or regulatory changes which redefine legal scopes of practice and minimum competencies.

## Task Force First Year Activities--FY87

An initial activity was to develop a list of assumptions to guide its work. A review of literature was conducted and five testing models were conceptualized. The final activity was the development of a Plan of Action. In August 1987, following the progress report to the Delegate Assembly, the Task Force received authorization and funding to continue for an additional year to begin implementation of Step One of the Plan of Action.

## Task Force Second Year Activities--FY88

In implementing Step One of the Plan of Action, a process was initiated which will lead to a recommendation on a testing model for future examinations. Also, competency statements were collected and synthesized, which resulted in hypothesized statements for Level X and Level Y.

The Task Force developed a decision chart to demonstrate the relationship between the testing models and the validated competency statements (Attachment C in Task Force Report in 1987 Book of Reports).

The Task Force also developed and subsequently revised a Timeline and Sequence of Events in the Development of New Licensure Examinations Based Upon Minimum Competencies of Evolving Levels of Nursing Practice (Attachment D in Task Force Report in 1988 Book of Reports).

In August 1988, the Task Force on Examinations for the Future recommended that the Delegate Assembly authorize the Nursing Practice and Standards Committee to review data relative to PN/VN competencies during FY89, synthesize competencies, and determine their relationship to the competencies synthesized by the Task Force on Examinations for the Future during FY88.

#### **Rationale**

In the process of reviewing future oriented competency statements available for synthesis, the Task Force found very few PN/VN future oriented competency statements in existence. Because the results of the PN job analysis were not yet available for Task Force consideration and because additional PN/VN competencies were scheduled to be developed by a national organization of licensed practical nurses, the Task Force believed this information should be utilized to synthesize PN/VN competency statements and then determine their relationship to the Level X and Level Y competency statements developed in FY88 by the Task Force on Examinations for the Future.

The Task Force believed those activities could be assimilated into an existing committee or into a subcommittee of a standing committee. In consultation with the chairperson of the Nursing Practice and Standards Committee, the Task Force recommended incorporation of those activities into the goals of that committee for FY89 with provisions for continuity and consistency.

The Task Force on Examinations for the Future could be reconvened in FY91 as a committee or as a subcommittee for the sole purpose of reviewing all of the data from job analysis studies and recommending a specific model to the Delegate Assembly in August 1991.

#### **Purpose of Subcommittee**

In August 1988, the Delegate Assembly authorized the Nursing Practice and Standards Committee to review data relating to PN/VN competencies during FY89, synthesize competencies, and determine their relationship to the competencies synthesized by the Task Force on Examinations for the Future during FY88.

As a result of this authorization, a five-member Subcommittee on PN/VN Competencies was appointed to respond to this charge. The Subcommittee met on October 30-31, 1988, December 12-14, 1988, March 20-22, 1989, and May 2, 1989, by conference call.

#### **Review of Data Relative to PN/VN Competencies**

The work of the Subcommittee was authorized with the understanding that documents reflecting future PN/VN competencies previously unavailable to the Task Force on Examinations for the Future would become available and provide valuable information to complete the process of synthesizing competencies for evolving levels of practice.

The Job Analysis of Newly Licensed Practical/Vocational Nurses, 1986-87 was added to the list of relevant data reviewed by the Subcommittee, but the anticipated competency statements from the National Association of Practical Nursing Education and Service and the National League for Nursing were not available. The Subcommittee determined to proceed with its charge despite the unavailability of this data and on the basis of utilizing the competency statements which were provided by the following:



1. "Guidelines for Associate Degree Curriculum for Licensed Practical/Vocational Nurses" (NFLPN, May 1986).
2. "Competencies of Graduates of Educational Programs in Practical Nursing" (NLN, May 1979).
3. "Administrative Rules—Article 54-031, Requirements for Nursing Education Programs" (North Dakota Board of Nursing, January 1987).
4. "Test Plan for the National Council Licensure Examination for Practical Nurses" (NCSBN-1984).
5. "Job Analysis of Newly Licensed Practical Nurses" (NCSBN-1987).
6. Reports of the Task Force on Future Examinations for the Future Committee to the 1987 and 1988 Delegate Assembly.
7. "Proposed Draft Test Plan for the National Council Licensure Examination for Practical Nurses" (NCSBN-1988).
8. "Model Administrative Rules" and "Model Nursing Practice Act," appropriate sections on standards of practice (NCSBN-1988).
9. Other administrative rules/competencies on PN/VN practice from the following states:
  - a. Texas VN
  - b. Minnesota
  - c. Maryland
  - d. Iowa
  - e. South Dakota
  - f. California VN

#### **Synthesizing Competencies**

The task of synthesizing future-oriented PN/VN competencies proved to be a more formidable task than originally expected. The complexity of the task made designing of the tool for data collection very difficult to obtain objective as well as subjective data. Consequently, the PN/VN competencies are a result of a combination of synthesis and creative thought.

Through lengthy discussions, the Subcommittee developed assumptions upon which the work of the Subcommittee and the future PN/VN competencies are based. The assumptions generated by the Subcommittee are as follows:

1. Current societal trends predict that the future scope of PN/VN practice will be expanded.
2. PN/VNs will continue to practice under supervision.
3. PN/VNs will use established policies, procedures, and protocols in the delivery of nursing care.

4. Competency statements for PN/VN practice will be applicable to diverse work settings.
5. Any change in competencies will require a corresponding change in educational programs.
6. The client of the future PN/VN is the individual or the individual within the context of a family or a group with actual or potential responses to health problems.
7. Elements of the nursing process will be included in curricula in programs preparing individuals for PN/VN practice.

#### **Operational Definitions**

The Subcommittee reviewed terms defined by the Task Force on Examinations for the Future and concurred that these definitions would be utilized to establish the context in which the PN/VN competencies would be developed.

Those definitions, as developed by the Task Force on Examinations for the Future, follow:

Client of X Nurse: Individuals in the context of families and small groups.

Client of Y Nurse: Individuals, families, and groups within the context of the community.

Community: A group of individuals bound by common interests, organizations, laws, geographical boundaries, or actual or potential health care needs.

Comprehensive Plan of Nursing Care: An organized, multi-dimensional approach to promote health and meet the health, illness and/or disability needs of clients from initial contact to discharge from the health care system. It is based on nursing diagnoses and client preferences in collaboration with the client and other health care providers.

Entry-Level Competency: Performing skillfully and proficiently the functions that are within the role of the nurse and demonstrating the interrelationship of essential knowledge, judgment and skills. The time period for entry level is defined as the first year of practice following initial licensure.

Family: A psychosocial unit composed of two or more people who have a commitment to each other and who may or may not live together. This definition encompasses both typical and atypical families encountered in the health care system.

Individualized Plan of Nursing Care: An organized approach to promote health and meet the health, illness and/or disability needs of clients based on nursing diagnoses and client preferences, and consistent with the comprehensive plan of care.

Nursing Diagnosis: A clinical judgment about an individual or family or group that is derived through a deliberate, systematic process of data collection, analysis, and synthesis.

Additional definitions were developed by the Subcommittee to clarify terms used in the PN/VN competency statements as follows:

**Standardized Plan of Care:** A model plan that identifies nursing activities for human responses to predictable actual or potential health problems.

**Clients of Future PN/VN:** The individual or individual within the context of a family or a group with actual or potential responses to health problems.

**Delegate:** A transfer of an act of doing and the responsibility to implement it. The person who delegates determines the competence of the person to whom the act is delegated.

**Ancillary Personnel:** Individuals of a subordinate status.

**Predictable:** An entity (in this case human response) that can be anticipated or expected on the basis of observation, experience or scientific reasoning.

**Relationship of PN/VN Competencies to the Competencies Synthesized by the Task Force on Examinations for the Future during FY88**

To be consistent with the timeline and sequence of events which guided the activities related to the development of future examinations, the Subcommittee considered 1995 as the time frame which describes the future. Within this context, the PN/VN competencies, as developed and reported, are viewed as being oriented to the future, and this is strongly supported through input from Member Boards which reflects an agreement (mean 89%) with their perception of future PN/VN practice.

The responses to the survey from Member Boards were utilized by the Subcommittee in the task of comparing the hypothesized PN/VN Competency statements to the parallel hypothesized Competencies of Level X and Level Y and determining their relationship. These following questions were asked:

1. Does this hypothesized PN/VN Competency describe a level of practice which is essentially the same as or very similar to the practice described by the hypothesized Competency of Level X or Level Y?
2. Does this hypothesized PN/VN Competency describe a level of practice which is not the same as and essentially distinct from the practice described by the hypothesized competency of Level X or Level Y?
3. Are there so many similarities between the hypothesized PN/VN Competencies and the hypothesized Competencies of either Level X or Level Y that the hypothesized PN/VN Competencies could be merged into either level X or Y?
4. Are there so many distinct differences between the hypothesized PN/VN Competencies and the hypothesized Competencies of either Level X or Level Y that the hypothesized PN/VN Competencies comprise a separate level of practice?

The analysis of the relationship between each of the hypothesized Competencies was conducted and the comparisons with supporting rationale follow in the attached document. (See Attachment A).

The analysis of the relationship led the Subcommittee to draw the following conclusions from the sixteen (16) hypothesized PN/VN Competencies:

1. Five (5) are viewed as being similar to Level X and the Hypothesized Competencies could be merged.
2. Five (5) are viewed as being similar in intent to Level X but could not be merged as written.
3. Of the ten (10) hypothesized PN/VN Competencies viewed as similar or similar in intent to Level X, four (4) are also viewed as similar or similar in intent to Level Y.
4. Six (6) are viewed as being distinct from Level X because they were significantly different in scope.
5. The comparisons indicated that the greatest similarity exists between the hypothesized PN/VN Competencies and the hypothesized Competencies describing the practice of Level X.
6. A clear picture regarding the relationship of these hypothesized Competencies did not emerge.

A premise underlying the work of both the Task Force on Examinations for the Future and the PN/VN Subcommittee was the recognition that the entire process of synthesizing available competencies and relating them to future exams was initiated via expert judgment; therefore, it is essential to be able to validate the competencies through empirical research prior to using them as a basis for the selection of a testing model. The hypothesis for the empirical research is that the competency statements describe evolving nursing practice.

#### **Recommendations**

1. The Delegate Assembly authorize the conduction of a limited-scope job analysis in sites with differentiated job descriptions reflecting evolving practice, using the qualitative and quantitative instruments to determine whether the three sets of hypothesized competencies are validated.
2. The Delegate Assembly authorize the Task Force on Examinations for the Future be reconvened during FY91 for the purpose of reviewing all data from job analysis studies and recommending a specific testing model to the Delegate Assembly in FY92.

#### **Fiscal Impact**

Monies for recommendation #1 have been included in the approved FY90 budget under Research (Job Analysis). The fiscal impact of recommendation #2 would not be realized until FY91; it was estimated to be \$10,050 in direct costs by the Task Force on Examinations for the Future in its 1988 report to the Delegate Assembly.

#### **Committee Members**

Carol Stuart, SD, Area II, *Chairperson*  
 Maxine Chisholm, WY, Area I  
 Linda Coffman, MD, Area IV  
 Corinne Dorsey, VA, Area IV  
 Lula Finley, AL, Area III

Marsha Kelly, *Director of Public Policy Analysis*

RELATIONSHIP OF PN/VN COMPETENCIES TO THE  
COMPETENCIES SYNTHESIZED BY THE TASK FORCE ON EXAMINATIONS FOR THE FUTURE  
DURING FY88

WORDS IN ALL CAPS ARE OPERATIONALLY DEFINED.

Hypothesized competencies to be validated according to procedure outlined in "Timeline and Sequence of Events in the Development of New Licensure Examinations Based upon Minimum Competencies of Evolving Levels of Nursing Practice"

Future PN/VN Nursing Practice	Level X Nursing Practice as reported by the Task Force on Future Examinations FY88	Level Y Nursing Practice reported by the Task Force on Future Examinations FY88	Comparison/Rationale
<u>ASSESSMENT:</u>	<u>ASSESSMENT:</u>	<u>ASSESSMENT:</u>	<u>ASSESSMENT:</u>
1. Collects and validates health care data from CLIENTS, health team members, and available records using an established assessment format and basic communication skills.	Collects and validates data to identify health care needs using an established assessment format.	Collects, validates, and expands data collection to reflect physical, psychosocial, cultural, familial, occupational, and environmental factors influencing the interaction between the CLIENT and the environment.	PN/VN competency is <u>similar</u> to Level X and <u>can be merged</u> with Level X.
2. Organizes health data to either select NURSING DIAGNOSES from an established list or to contribute to the identification of relevant NURSING DIAGNOSES.	Uses communication skills with the CLIENT and other members of the health care team to collect data.	Applies knowledge from a variety of communication theories in abstracting assessment data.	PN/VN competency is <u>distinct</u> from both level X and level Y. It does relate to the intent of competency Number 2 under Nursing Diagnoses for Level X on the next page.
3. Records data obtained through assessment and reports significant findings.	Uses communication skills with the CLIENT and other members of the health care team to collect data.	Identifies, analyzes, and interprets patterns of behavior from health data collected.	PN/VN competency is <u>similar</u> to Level X and <u>can be merged</u> with Level X.
		Integrates information that is obtained through interdisciplinary communication in order to determine the CLIENT's health status and potential.	

Future PN/VN Nursing Practice

Level X Nursing Practice reported by the Task Force on Future Examinations FY88

Level Y Nursing Practice reported by the Task Force on Future Examinations FY88

Comparison/Rationale

ANALYSIS:

NURSING DIAGNOSIS:

Communicates and documents assessments according to established communication system.

Identifies appropriate NURSING DIAGNOSES based on assessment data.

Communicates and documents NURSING DIAGNOSES according to established communication systems.

NURSING DIAGNOSIS:

Uses and modifies systems for communicating and documenting assessment.

Identifies, modifies, or formulates NURSING DIAGNOSES derived from an analysis of a comprehensive data base.

Determines interactive relationships among multiple NURSING DIAGNOSES.

Uses and modifies systems for communicating and documenting NURSING DIAGNOSES.

NURSING DIAGNOSIS:

The PN/VN competencies under analysis were incorporated into the PN/VN competencies under assessment.

PLANNING:

1. Selects a STANDARDIZED PLAN OF NURSING CARE based on the NURSING DIAGNOSES.

2. Participates in the identification of priorities, goals, and nursing activities necessary for the development of an INDIVIDUALIZED PLAN OF NURSING CARE.

PLANNING:

Develops an INDIVIDUALIZED PLAN OF NURSING CARE based on NURSING DIAGNOSES and consistent with the COMPREHENSIVE PLAN OF NURSING CARE.

Establishes goals and selects interventions with the CLIENT and significant others to implement the INDIVIDUALIZED PLAN OF NURSING CARE.

Plans effective and efficient use of human and material resources to meet CLIENT needs.

PLANNING:

Develops a COMPREHENSIVE PLAN OF NURSING CARE based on NURSING DIAGNOSES and nursing implications derived from plans of other health care providers.

Establishes goals and selects interventions with the CLIENT and significant others to implement the COMPREHENSIVE PLAN OF NURSING CARE.

Plans effective and efficient use of human and material resources to meet CLIENT needs.

PLANNING:

PN/VN competency is distinct from both Level X and Level Y. "Selects" is different from "develops". "Standardized" is different from "individualized/comprehensive."

PN/VN competency is distinct from both Level X and Level Y. "Participates" implies "taking part in" so is not done with autonomy.

Future PN/VN Nursing Practice

Level X Nursing Practice reported by the Task Force on Future Examinations FY88

Level Y Nursing Practice reported by the Task Force on Future Examinations FY88

Comparison/Rationale

Establishes priorities for implementation of an INDIVIDUALIZED PLAN OF NURSING CARE.

Establishes criteria for evaluation of progress toward the goals of the INDIVIDUALIZED PLAN OF NURSING CARE.

Uses principles derived from research in planning nursing care.

3. Communicates with CLIENT and/or health team members in planning nursing care.

Communicates and documents INDIVIDUALIZED PLAN OF NURSING CARE according to established communication systems.

Establishes priorities for coordinating the implementation of a COMPREHENSIVE PLAN OF NURSING CARE.

Monitors consistency between the COMPREHENSIVE PLAN OF NURSING CARE and the plans of other health care providers.

Establishes criteria for evaluation of progress toward the goals of the COMPREHENSIVE PLAN OF NURSING CARE.

Analyzes research studies and incorporates valid and relevant findings in planning nursing care.

Uses and modifies systems for communicating and documenting the COMPREHENSIVE PLAN OF NURSING CARE.

PN/VN competency is somewhat similar to Level X but not enough to merge. The focus of this competency is different from both Level X and Level Y.

Future PN/VN Nursing Practice

Level X Nursing Practice reported by the Task Force on Future Examinations FY88

Level Y Nursing Practice reported by the Task Force on Future Examinations FY88

Comparison/Rationale

IMPLEMENTATION:

1. Performs or assists with therapeutic and preventive nursing measures based on a plan of nursing care.

2. Provides an environment conducive to CLIENT safety and health.

3. DELEGATES aspects of nursing care to ANCILLARY PERSONNEL consistent with their ability and the law in order to meet CLIENT needs.

4. Supervises ANCILLARY PERSONNEL to whom aspects of nursing care have been DELEGATED.

IMPLEMENTATION:

Formulates nursing orders to implement the INDIVIDUALIZED PLAN OF NURSING CARE.

Performs, assists with, or DELEGATES nursing interventions necessary to accomplish goals of the INDIVIDUALIZED PLAN OF NURSING CARE.

Performs and modifies nursing interventions based on scientific principles to promote a safe environment for the CLIENT.

DELEGATES aspects of nursing care to appropriate nursing and ANCILLARY PERSONNEL, consistent with their ability and legal authority, in order to meet CLIENT needs.

Supervises, guides, and directs nursing and ANCILLARY PERSONNEL to whom CLIENT care has been delegated.

Coordinates services for the management of CLIENT care consistent with the COMPREHENSIVE PLAN OF NURSING CARE.

IMPLEMENTATION:

Formulates nursing orders to implement the COMPREHENSIVE PLAN OF NURSING CARE.

Performs, assists with, or DELEGATES nursing interventions necessary to accomplish goals of the COMPREHENSIVE PLAN OF NURSING CARE.

Anticipates the need for, promotes, and monitors the provisions of a safe environment for CLIENTS and personnel in the health care environment.

DELEGATES aspects of nursing care to appropriate nursing and ANCILLARY PERSONNEL, consistent with their ability and legal authority, in order to meet CLIENT needs.

Supervises, guides, and directs nursing and ANCILLARY PERSONNEL to whom CLIENT care has been delegated.

Provides leadership in the management of CLIENT care.

IMPLEMENTATION:

PN/VN competency is distinct from Level X because it does not address "formulate" or "delegate" and the scope of nursing measures is more limited.

PN/VN competency is similar in intent to Level X but Level X is broader in depth as reflected in the words "scientific principles" and "promotes." It cannot be merged with Level X as written.

PN/VN competency is similar in intent to Level X or Level Y and could be merged if the persons to whom aspects of nursing care are delegated is clarified.

PN/VN competency is similar in intent and could be merged with Level X or Y if persons being supervised are clarified.

Did not include competencies of coordination, referral, and advocacy in the PN/VN role of the future.



Future PN/VN Nursing Practice	Level X Nursing Practice reported by the Task Force on Future Examinations FY88	Level Y Nursing Practice reported by the Task Force on Future Examinations FY88	Comparison/Rationale
	Refers CLIENTS to appropriate health care providers, departments, and agencies consistent with the COMPREHENSIVE PLAN OF NURSING CARE.	Manages and coordinates the referral process through initiation of inter-disciplinary conference and external consultations to promote health and continuity of care.	
	Assists CLIENTS to communicate needs to their support systems and other health care providers.	Assists CLIENTS to communicate needs to their support systems, to other health care providers, and to the health care system.	
5. Participates in CLIENT teaching using a standard teaching plan.	Implements a teaching plan to meet CLIENT needs identified in the INDIVIDUALIZED PLAN OF NURSING CARE.	Designs and implements a teaching plan to meet CLIENT needs identified in the COMPREHENSIVE PLAN OF NURSING CARE.	PN/VN competency is <u>similar in intent</u> to level X but "implements" is different from "participates" and "individualized" is different from "standardized" plan of care. These difference give Level X greater depth and <u>cannot be</u> merged as written.
6. Maintains accountability for care delivered and care DELEGATED to others.	Maintains accountability for own care and care DELEGATED to others to assure adherence to ethical and legal standards.	Maintains accountability for own care and care DELEGATED to others to assure adherence to ethical and legal standards.	PN/VN competency is <u>similar</u> and <u>can be merged</u> with Level X or Level Y. Suggest revising Level X and Level Y to read "Maintaining.....care delivered and care delegated to (add "and by others") to assure....."

Future PN/VN Nursing Practice

Level X Nursing Practice reported by the Task Force on Future Examinations FY88

Level Y Nursing Practice reported by the Task Force on Future Examinations FY88

Comparison/Rationale

7. Records and reports nursing interventions and CLIENT responses to nursing care.

Communicates and documents nursing interventions according to established communication systems.

Uses and modifies systems for communication and documenting nursing interventions.

PN/VN competency is similar and can be merged with Level X.

EVALUATION:

1. Evaluates the response of the CLIENT to PN/VN nursing interventions.

EVALUATION:

Evaluates CLIENT responses to nursing interventions to determine if the goals of the INDIVIDUALIZED PLAN OF NURSING CARE are met and revises the plan as needed.

EVALUATION:

Evaluates CLIENT responses to nursing interventions to determine if the goals of the COMPREHENSIVE PLAN OF NURSING CARE are met and revises the plan as needed.

EVALUATION:

PN/VN competency is distinct from Level X. Level X is broader in that evaluation data is used to determine if goals are met, and in making revisions in the plan of care as needed.

Communicates and documents evaluation of CLIENT responses to nursing interventions and interventions initiated by other health care providers.

Uses and modifies systems for communicating and documenting evaluation of client responses to nursing interventions and interventions initiated by other health care providers.

Evaluates quality of care given by self and those to whom care has been delegated by comparing outcomes with established standards.

Evaluates quality of care given by self and those to whom care has been delegated by comparing outcomes with established standards.

2. Records and reports evaluation data.

Communicates and documents evaluative findings.

Communicates and documents evaluative findings.

PN/VN competency is similar and can be merged with Level X or Level Y.

3. Participates in the modification of the INDIVIDUALIZED PLAN OF NURSING CARE using criteria established in collaboration with other members of the health care team.

Participates in developing methods for evaluating quality of nursing practice.

PN/VN competency is distinct from Level X or Level Y. "Participates" in the PN/VN competency implies "taking part in" the modification of the plan, so it is not done with autonomy as is implied in Level X and Level Y. Reference is made to "revising" the plan as needed in Level X and Level Y in the first competency related to evaluation.

Participates in the evaluation of the nursing care delivery system.

# Report of Ad Hoc Nurse Aide Competency Evaluation Program (NACEP) Committee

## Background

In 1987, PL 100-203 was enacted into law by the US Congress. Commonly known as the Omnibus Budget Reconciliation Act (OBRA) of 1987, this law included Subtitle C, Nursing Home Reform Act, which mandated requirements for Medicare/Medicaid reimbursement for covered services. For the first time, the law specified that nurse aides and home health aides must meet federal training and competency evaluation requirements and that a registry of aides so qualified be maintained. The training consisted of a minimum of 75 hours of knowledge and clinical content; the competency evaluation consisted of two components - oral/written evaluation of knowledge and a manual skills performance evaluation. In addition, the states must establish and maintain a registry of nurse aides completing training and evaluation requirements. At minimum, the registry is to provide data on the individual, training completed, information on competency evaluation, and any adverse findings of investigations conducted by the state regarding abuse, neglect, and misappropriation with a response to any such finding from the nurse aide.

A Concept Paper on the Nursing Home Reform Act of 1987 by the Nursing Practice and Education Committee of the National Council was distributed to Member Boards in early 1988. In response to requests from Member Boards, the NCSBN Board of Directors directed that a feasibility study on the development of a nurse aide competency evaluation program be done in spring 1988. The 1988 Delegate Assembly reviewed the feasibility study and authorized the National Council Board of Directors to proceed with the development of a nurse aide competency evaluation program. The Board of Directors appointed members to the Nurse Aide Competency Evaluation Program (NACEP) Committee with a charge to oversee the development, implementation, and evaluation of the nurse aide competency evaluation program under the direction of the Board. A logical job analysis/literature review for nurse aides was completed in October of 1988 in partial preparation for development of a blueprint for the evaluation. In November 1988, The Psychological Corporation was selected as the test service for the Program.

## Overview Of NACEP Committee Activities For FY 89

In overseeing the development of the Nurse Aide Competency Evaluation Program, the NACEP Committee was given the responsibility of developing an evaluation blueprint based on job analysis data, overview of administration instructions and security measures, supervision of item writing/task development and administration processes, and final approval of each evaluation form for the competency evaluation. Together with the test service, the Committee was to review and assist with efforts to market the Program to state agencies responsible for evaluation of nurse aides. Another major activity of the Committee was to consider the need for an incumbent nurse aide job analysis survey.

## Evaluation Program Development

Purpose of Competency Evaluation Program - The Committee determined that the purpose of the Nurse Aide Competency Evaluation Program is to assess minimum competence of individuals to perform the job of nurse aide safely and effectively. To accomplish this purpose, a valid, reliable and secure evaluation program needed to be developed.

Blueprint Development - After thorough study of the Nurse Aide Logical Job Analysis/Literature Review conducted by the National Council and review of the findings of *A Study of Nursing Practice and Role Delineation and Job Analysis of Entry-Level Performance of Registered Nurses* [Kane et al. 1986] (which included a description of tasks performed by nurse aides), a draft evaluation blueprint was submitted by the Committee for consideration by the Board of Directors. Also, areas of the Evaluation Blueprint were identified for use in the performance of manual task/skill component of the evaluation. Subsequently, the NACEP Evaluation Blueprint was published. An expanded blueprint of specific behaviors, knowledges, skills and abilities is targeted for completion by June 1989. In addition, the Board of Directors authorized the publication of the 1988 Nurse Aide Logical Job Analysis and the corresponding bibliography.

Evaluation Item/Task Development - Qualifications and criteria for selection of item writers, item reviewers, and members of the Manual Task Development Committee were recommended by the NACEP Committee and approved by the Board of Directors. Item writing sessions were held with over fifty item writers in attendance representing approximately thirty states; in addition, item review sessions were held with 21 reviewers in attendance representing approximately 20 states. Members of the NACEP Committee attended item writing orientation sessions, item review sessions, and participated in the Manual Task Development Committee.

Standard Setting for Cut Score - Qualifications and criteria for selection of a Standard Setting Panel were recommended by the NACEP Committee and approved by the Board of Directors. The Standard Setting Panel is to convene in June 1989 to recommend a cut score for the evaluation.

#### **Policy Development**

The Rasch item equating method and the Angoff method for criterion-referenced standard setting are the methods that have been selected by the test service for use in the NACEP development. In process at the writing of this report are the development of reliability standards, security measures standards, administration procedures, and related policies. A statement on designation of confidential material was adopted by the Committee. After discussion of the need for an incumbent nurse aide job analysis due to the wide variety of opinions in the states regarding what nurse aides do, the Committee recommended to the Board of Directors that an incumbent nurse aide job analysis survey be conducted. The purpose of this job analysis is to gather empirical data to further validate job relatedness in the development of NACEP.

#### **Marketing**

Significant time was spent in providing advice and generating ideas for marketing the Program. The Committee received updated information from The Psychological Corporation and NCSBN staff at each meeting held. In addition, the Committee reviewed brochures and informational materials on the Nurse Aide Competency Evaluation Program developed by The Psychological Corporation. Marketing efforts were directed to all fifty states by The Psychological Corporation staff, and are continuing as states finalize plans for meeting the requirements of OBRA. Services, including provision and maintenance of a registry, a practice test, and administration of the evaluation, were reviewed for use in implementation of the Program. In addition, discussion was held regarding the use of the evaluation as a "capstone" test for Red Cross aide training courses.

#### **Summary**

The Committee and The Psychological Corporation plan to have the first evaluation forms ready for administration in July 1989. Marketing activity for the Program is continuing by The Psychological Corporation and National Council staff, and results of this work are being seen by

the number of states that have adopted or are considering use of the NACEP. Though this has been an extremely busy year, and one that has necessitated intense work, the Committee is confident that the efforts to produce a sound competency evaluation program for nurse aides as required by the federal mandates will be for the benefit of the public good.

The NACEP Committee met at the Headquarters of the The Psychological Corporation in San Antonio, Texas on November 29-December 2, 1988; February 22-24, 1989; and May 22-24, 1989. In addition, the activities of the Committee members included the following:

Area Meeting Presentations - Linda Fleming, Area I; Shirley Brekken, Area II; Sharon Weisenbeck, Area III; and Caroline Ace and Rosalee Seymour, Area IV.

Item Writing Orientation Session - Linda Fleming

Item Review Sessions - Caroline Ace and Sarah Burger

Manual Task Development Committee - Carol Ruby

Expanded Evaluation Blueprint Subcommittee - Fran Roberts and Rosalee Seymour

Standard Setting Panel - Linda Fleming

Appreciation is expressed by the Committee to the NCSBN Board of Directors and Legal Counsel for their support and timely action and to The Psychological Corporation staff for their dedicated efforts and hard work. The Committee wishes to particularly note the commitment and contributions of Barbara Halsey, NCSBN NACEP Program Manager, who provided guidance and facilitated the work of the Committee. Likewise, the assistance given by Donna Dorsey, NCSBN Board Liaison to the Committee, and Jennifer Bosma, NCSBN Acting Executive Director, is appreciated.

#### **Committee Members**

Sharon Weisenbeck, *Chairperson, Kentucky Board of Nursing*

Caroline Ace, *Pennsylvania Board of Nursing*

Shirley Brekken, *Minnesota Board of Nursing*

Nelwyn Broussard, *Louisiana Board of Nursing*

Sarah Green Burger, *Consumer Advocate, District of Columbia*

Ted Day, *Nursing Home Administrator, Washington*

Linda Fleming, *Colorado Board of Nursing*

Janette Pucci, *Kansas Board of Nursing*

Fran Roberts, *Arizona Board of Nursing*

Carol Ruby, *Director of Health Occupations for Cooperative Educational Services, New York*

Wanda Ryan, *Home Health Agency Director of Professional Services, Illinois*

Rosalee Seymour, *Delaware Board of Nursing*

Barbara Halsey, *Program Manager,*

*Nurse Aide Competency Evaluation Program*

# 1988 Delegate Assembly Action and Subsequent Implementation

## ACTION

## IMPLEMENTATION

### Board of Directors

Adopted a motion that a request for proposals (RFP) be distributed in Fall 1989 to appropriate testing agencies for a test service contract period beginning in 1991.

Adopted a motion to develop short- and long-term strategies that individual Member Boards can implement to address the current nurse shortage and minimize its negative effects on the public health, safety and welfare.

Adopted a motion supporting the National Clearinghouse on Enforcement and Licensure (CLEAR) as a bidder for the contract of the National Practitioner Data Bank, and that Member Boards seek support for CLEAR as the appropriate contractor by contacting key national political leaders from their individual states.

A motion was adopted to approve the Auditor's Report.

The Board of Directors reviewed an outline for the request for proposals and will approve the final RFP at its July 6-7, 1989, meeting. The RFP is scheduled to be disseminated in Fall 1989.

The Subcommittee on the Nurse Shortage developed these strategies during FY89. See the Subcommittee's report for details.

A letter of support for CLEAR was sent to the Health Resources and Services Administration of the Department of Health and Human Services on August 23, 1989. The National Council was subsequently notified that the contract had been awarded to UNISYS.

The Auditor's Report was disseminated to Member Boards in the November 23, 1988, *Newsletter*.

### Board of Directors/National Nursing Licensee Data Base Committee

Adopted a motion that the National Nursing Licensee Data Base Committee continue to work with Member Boards to identify data currently available in a computerized format for inclusion in a national information system.

Adopted a motion to pursue obtaining a grant or other outside funding to assist Member Boards in setting up a system to collect information from licensees.

The Nurse Information System Committee continued its work during FY89. See the Committee's report for details.

The Nurse Information System Committee began development of a funding proposal during FY89. Completion is expected in FY90. To date, letters of inquiry have been sent to 18 foundations.

**Board of Directors/Committee for Special Projects**

Adopted a motion to proceed with Phase II of the Computerized Adaptive Testing (CAT) project along the revised timeline; and that the National Council portion of the candidate fee be increased by \$5.00 effective with the October 1990 examination.

The Committee for Special Projects continues to adhere to the timeline. The Board of Directors will select field test states on July 6-7, 1989. The Committee will report the Field Test results at the 1991 Delegate Assembly.

**Board of Directors/Task Force on Evaluation of Nurse Aides**

Adopted a motion to proceed with the development of a competency evaluation program for nurse aides.

At its November 2-3, 1988, meeting, the Board of Directors selected The Psychological Corporation as the test service for the Nurse Aide Competency Evaluation Program (NACEP). See the reports of the NACEP Committee and the NACEP Test Service for description of FY89 activities.

**Examination Committee**

Adopted a motion that all Member Boards be invited to submit nominations for item writers and panel of content experts for NCLEX licensure examinations.

The Examination Committee sent letters of solicitation to Member Boards on September 1, 1988. Nominations were subsequently placed in a bank which was used for the FY89 item writer and panel sessions.

Adopted a motion that the Delegate Assembly authorize the Examination Committee to prepare a revision of the NCLEX-PN test plan.

See the report of the Examination Committee for the proposed NCLEX-PN test plan revision.

Adopted a motion that chairpersons of all testing committees meet at least twice a year for the purpose of coordinating activities, if deemed necessary.

The testing committee chairpersons met during the Fall 1988 Orientation/Planning Session. A mechanism for communication among chairpersons was developed. In lieu of a second meeting, the chairpersons decided to exchange minutes of their respective meetings and to communicate by telephone as needed.

Adopted a motion requesting Member Boards to reconsider their decision concerning review of experimental test items.

Member Boards were reminded of this motion in an October 7, 1988, *Newsletter* entry concerning the experimental item review schedule. Fifteen (15) Member Boards reviewed experimental items in FY89 compared to 39 in FY88.

**Administration of Examination Committee**

Adopted motions to approve the proposed 1998 examination dates as NCLEX-RN on 3-4 February and 14-15 July; and NCLEX-PN on 7 April and 20 October.

Adopted a motion to approve the 1998 alternate administration dates for use in case of disaster as NCLEX-RN on 3-4 March and 15-16 September; and NCLEX-PN on 12 May and 17 November.

Adopted a motion authorizing the Administration of Examination Committee (AEC) to continue to develop policies and procedures for computerized testing.

Adopted a motion for a crisis management plan to be implemented effective with the July 1989 NCLEX-RN and October 1989 NCLEX-PN administrations.

These dates were incorporated into the NCSBN Manual and disseminated to Member Boards.

The AEC has approved the direction of the CAT Field Test Security Measures. The final measures will be submitted to the AEC for approval during the Fall 1989 Planning Retreat.

The Crisis Management Plan is expected to be implemented effective July 1989. See the Report of the Administration of Examination Committee for details.

**Task Force on Examinations for the Future**

Adopted a motion authorizing the Nursing Practice and Standards Committee to review data relative to PN competencies during FY89, synthesize the competencies and determine their relationship to the competencies synthesized by the Task Force on Examinations for the Future in FY88.

The Subcommittee on PN/VN Competencies was created to implement these activities. See the Subcommittee's report for details.

**Finance Committee**

Adopted a motion to approve the Financial Planning Policy.

The Finance Committee adhered to the Financial Planning Policy throughout FY89. All financial reports developed by the Finance Committee and staff are in accordance with this policy.

**Nursing Practice and Standards Committee**

Adopted a motion to approve the *Revised Model Nurse Practice Act*; and adopted a motion to approve the *Revised Model Administrative Rules*.

Both documents were prepared for publication and disseminated to Member Boards with the March 31, 1989, *Newsletter*.



**Nursing Practice and Standards Committee**  
(continued)

Adopted a motion that data collection regarding continued competence and entry-into-practice be incorporated into the National Council survey process.

Adopted a motion that the Nursing Practice and Standards Committee develop a research proposal for submission to an outside agency for funding to study the effectiveness and cost implications of the various regulatory models used to manage chemically dependent nurses.

**Bylaws Committee**

Adopted a motion to repeal the current Standing Rules of the National Council.

Adopted a motion to amend the Bylaws.

**General Business**

Adopted a resolution that the National Council strongly oppose the American Medical Association (AMA) Registered Care Technologist Proposal.

Adopted a motion requiring candidates be notified of election results immediately following the tabulation of votes; and that the results of the unofficial outcome be posted within two hours following the notification of candidates.

Questions addressing continued competence and entry-into-practice were incorporated into a survey sent to Member Boards in March 1989.

The Subcommittee to Study Regulatory Models for Chemically Dependent Nurses has begun development of a funding proposal with completion expected in FY90. To date, letters of inquiry have been sent to 32 foundations.

The Bylaws Committee reviewed all Standing Rules not included in the Revised Bylaws and forwarded these rules to the relevant committees for review and potential incorporation into committee policies and procedures.

The amended Bylaws were prepared for publication and disseminated to Member Boards with the November 11, 1988, *Newsletter*.

A letter of opposition was sent to the American Medical Association immediately following the 1988 Delegate Assembly. The National Council also continues to monitor this issue.

These procedures were implemented at the 1988 Delegate Assembly and will continue to be observed.

The following motions represent Operational Plan strategies that had not been adopted prior to the 1988 Delegate Assembly. Following adoption, these strategies were retained in the Operational Plan. The committees responsible for these activities are noted.

ACTION	ACTIVITY
Adopted a motion to evaluate current and future publications related to the licensing process, legal responsibilities and National Council services.	FY89 activities were accomplished by the Communications Committee of the Board of Directors, as specified in the FY89 Operational Plan.
Adopted a motion to maintain financial policies which provide guidelines for organizational development.	FY89 activities were accomplished by the Finance Committee, as specified in the FY89 Operational Plan.
Adopted a motion that the National Council monitor the health care delivery system to evaluate implications for safe and effective practice.	FY89 activities were accomplished by the Nursing Practice and Education Committee, as specified in the FY89 Operational Plan.
Adopted a motion to investigate the feasibility of computerized simulation testing for initial and continued licensure.	FY89 activities were accomplished by the Steering Committee, Computerized Clinical Simulation Testing (CST) Project, as specified in the FY89 Operational Plan.
Adopted a motion to explore producing licensure examinations through computer technology.	FY89 activities were accomplished by the Committee for Special Projects and the CST Steering Committee, as specified in the FY89 Operational Plan.

## **Resolution on Administration of Third Regularly Scheduled NCLEX-RN and NCLEX-PN Examinations Annually**

WHEREAS social, economic and professional forces over the past three to five years created an unprecedented demand for nursing manpower, and

WHEREAS projections for increasing nursing manpower needs defined in the SIXTH REPORT TO THE PRESIDENT AND CONGRESS ON THE STATUS OF HEALTH PERSONNEL graphically depict the unrelenting nature of this increase in demand through the year 2030, and

WHEREAS the current demand for nursing manpower is outstripping the available supply, and

WHEREAS task forces to develop strategic plans for resolving the nursing shortage have been assembled from coast to coast, and

WHEREAS the role of regulatory bodies such as Boards of Nursing in implementing strategies to help ameliorate the problem is a consistent theme among task force reports, and

WHEREAS both consumers of nursing services and employers of nurses are rightfully demanding a review of existing procedures affecting the candidates' entry into nursing practice to ensure that such procedures are not creating artificial time delays in the licensure process, and

WHEREAS nursing education programs today have multiple entry and exit dates with first-time candidates waiting from two to six months after graduation to write the licensure examination, and

WHEREAS candidates for NCLEX-RN and NCLEX-PN examinations who are unsuccessful in their attempts to pass the examination are unable to retake the examination until six months later thereby delaying their entry into nursing practice, and

WHEREAS it is estimated that, on the national average, more than one-half of those candidates unsuccessful in their first attempt are successful on their second attempt to pass the licensure examinations, therefore, be it

**RESOLVED** that the Board of Directors of the National Council State Boards of Nursing, Inc. take necessary steps to implement the administration of a third NCLEX-RN and a third NCLEX-PN annually, and be it further

**RESOLVED** the specifications for the administration of a third NCLEX-RN and a third NCLEX-PN annually be included in the Request for Proposals (RFP) for the next test service contract cycle.

Reference: U.S. Department of Health and Human Services. (1988). Nursing - Sixth Report to the President and Congress on the Status of Health Personnel in the United States. Washington, D.C.: USDHHS.

Submitted by: Kentucky Board of Nursing  
New Jersey Board of Nursing  
Pennsylvania Board of Nursing

\* \* \* \* \*

Estimates of the fiscal impact are being prepared in conjunction with CTB/McGraw-Hill and will be sent to the recipients of the *Book of Reports* prior to the Delegate Assembly.

## Resolution on Regulation of Nurse Aides

WHEREAS the 1987 Delegate Assembly of the National Council of State Boards of Nursing adopted a STATEMENT ON THE NURSING ACTIVITIES OF UNLICENSED PERSONS wherein it is stated that the board of nursing in each jurisdiction, charged to protect the health, safety and welfare of the public by regulating nursing practice, has a legitimate concern and has a legal responsibility to monitor any and all nursing activities,<sup>1</sup> and

WHEREAS conclusions contained with the STATEMENT ON THE NURSING ACTIVITIES OF UNLICENSED PERSONS include the following:

6. Boards of Nursing need to work to assure evidence of adequate nursing involvement when nursing services are being provided.
7. Boards should promulgate clear rules on the utilization of unlicensed persons in all settings where nursing care is delivered.
8. Boards need to clearly define delegation in regulation.
11. Regulations regarding the delegation of nursing functions must be linked to the disciplinary process,<sup>2</sup> and

WHEREAS included in PL 100-203, Omnibus Budget Reconciliation Act of 1987 (OBRA), are mandates that require minimum training and evaluation of unlicensed individuals called nurse aides in facilities caring for Medicaid and/or Medicaid recipients and the maintenance of a registry on nurse aides so qualified, and

WHEREAS nurse aides who have met the training and evaluation requirements of OBRA may only perform those acts which are properly delegable and are performed under the supervision of licensed nurses and/or licensed physicians, and

WHEREAS included in PL 100-203, Omnibus Budget Reconciliation Act of 1987 (OBRA) are mandates that require minimum training and evaluation of unlicensed individuals called nurse aides and the maintenance of a registry on nurse aides so qualified, and

WHEREAS nurse aides who meet the training and evaluation requirements of OBRA are authorized to perform acts considered to be within the domain of nursing practice, and under the supervision of licensed nurses, and

WHEREAS the National Council of State Boards of Nursing has developed a MODEL NURSING PRACTICE ACT and MODEL NURSING ADMINISTRATION RULES to promote the use of standards on a national scope by NCSBN members, and

WHEREAS the interpretation and enforcement of nursing regulation is subject to fragmentation when multiple entities establish and implement standards for the regulation of nurse aides outside the purview of boards of nursing in jurisdictions, and

WHEREAS the nursing practice act of a given jurisdiction has higher legal authority than guidelines of federal and state regulatory agencies, therefore be it

RESOLVED that the National Council of State Boards of Nursing and its member boards work cooperatively with federal and state agencies in the implementation of the mandates of PL 100-203 relating to the regulation of nurse aides to insure coherence and coordination among their parts, and be it further

RESOLVED that the Delegate Assembly direct the Nursing Practice and Education Committee to develop standards on the regulation of nurse aides for inclusion in the NCSBN MODEL NURSING PRACTICE ACT and NCSBN MODEL NURSING ADMINISTRATIVE RULES, and be it further

RESOLVED that the Nursing Practice and Education Committees present recommendations on revisions to the model act and model rules for consideration by the 1990 Delegate Assembly.

<sup>1</sup> National Council of State Boards of Nursing. (1987). Statement on the nursing activities of unlicensed persons. p. 3.

<sup>2</sup> \_\_\_\_\_. p. 9.

Submitted by: Pennsylvania Board of Nursing

\* \* \* \* \*

The Fiscal Impact Statement for this resolution follows on pages 5 and 6.

**NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC**

**FISCAL IMPACT STATEMENT - DESCRIPTION**

**TITLE OF PROPOSAL:** Resolution on Regulation of Nurse Aides

Proposed by: Pennsylvania Brd. of Nursing Name

Date \_\_\_\_\_

\_\_\_\_\_ Committee

Will this proposal generate revenue? No Please describe below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EXPENSES**

1. Does this proposal require a committee? Yes - Nursing Practice and Education

How many members are anticipated including the chairperson? 6

How often would the committee meet? One extra 3-day meeting plus one extra day at a regularly scheduled meeting and one conference call.

2. How many mailings would this proposal require? 4

To whom? One to all 61 Member Boards; one to the Board of Directors; two to the Committee.

3. Printing (surveys, special reports, etc.) Please describe:

Model language document approximately 12 pages in length.

4. Other than committee meetings, is travel required? No

Please describe: \_\_\_\_\_

5. What type of consultation is required (i.e., legal, computer, etc.)?

Legal review of model language

6. Other. Please Describe: \_\_\_\_\_

7. Projected beginning date: October 1989

Projected completion date: February 1990

## FISCAL IMPACT - SUMMARY

## REVENUE

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

## EXPENSES

A. DIRECT COST1. Committee Meetings

\$600 per member airfare x 6 (# of members) x 1 (# of meetings) = \$3,600

\$150 per day per diem x 6 (# of members) x 4 (# of days) = \$3,600

\$200 per telephone conference x 1 (# of Telephone conferences) = \$200

2. Mailings

\$0.25 per letter x \_\_\_\_\_ (# of mailings) x \_\_\_\_\_ (# mailed) = \$ \_\_\_\_\_

\$2.00 per 9 x 12 manila envelope (First Class) x  $\frac{9}{6}$  (# of mailings) x  $\frac{1}{2}$  (# mailed) =  
\$164

\$8.75 per Overnight Mail x \_\_\_\_\_ (# of mailings) x \_\_\_\_\_ (# mailed) = \$ \_\_\_\_\_

3. Printing and copying

A. 149 (# of reports) x 12 (# of pages) = Total pages 1,788

B. 1,788 (total # of pages) x \$0.05 = \$89.40

4. Other Travel

\$600 per person airfare x \_\_\_\_\_ (# of persons) x \_\_\_\_\_ (# of meetings) = \$ \_\_\_\_\_

\$150 per day per diem x \_\_\_\_\_ (# of persons) x \_\_\_\_\_ (# of days) = \$ \_\_\_\_\_

5. Consultation

\$150 per hour x 8 (# of hours) x \_\_\_\_\_ (# of meetings) = \$1,200

6. Other

\$ \_\_\_\_\_ per \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_

B. INDIRECT COST

## 2. Professional and support time required:

Total 128 hrs = \$4,224

Total Revenue: \$ 0.00

Total Expenses: \$ 8,853.40

Net: \$ \_\_\_\_\_

Indirect Cost \$ 4,224.00



# Resolution on Preparation of Licensure Examinations

**WHEREAS** the National Council of State Boards of Nursing is responsible for the development and administration of the licensure examinations for registered and practical nurses, and

**WHEREAS** the National Council of State Boards of Nursing has consistently maintained a leadership role in the production of quality licensure examinations, setting an example for other professions, and

**WHEREAS** it is the will of the members of the National Council of State Boards of Nursing that such a desirable situation be maintained, therefore be it

**RESOLVED** that the National Council of State Boards of Nursing continue to utilize industry standards, such as the current guidelines of the American Educational Research Association, the American Psychological Association and the National Council on Measurement in Education in the preparation of valid, current and legally defensible licensure examinations.

Submitted by: Colorado Board of Nursing

\* \* \* \* \*

There is no fiscal impact associated with this resolution.

## Glossary

### AACN

American Association of Colleges of Nursing.

### ACT Study

1986 and 1988 Job Analysis Studies as performed by the American College Testing Program, Iowa City, Iowa.

### AEC

Administration of Examination Committee.

### ANA

American Nurses' Association.

### AONE

American Organization of Nurse Executives.

### Area

Designated regions of National Council Member Boards.

#### Area I

Alaska  
American Samoa  
Arizona  
California  
Colorado  
Guam  
Hawaii  
Idaho  
Montana  
Nevada  
New Mexico  
N. Mariana Islands  
Oregon  
Utah  
Washington  
Wyoming

#### Area II

Illinois  
Indiana  
Iowa  
Kansas  
Michigan  
Minnesota  
Missouri  
Nebraska  
North Dakota  
Ohio  
South Dakota  
West Virginia  
Wisconsin

#### Area III

Alabama  
Arkansas  
Florida  
Georgia  
Kentucky  
Louisiana  
Mississippi  
North Carolina  
Oklahoma  
South Carolina  
Tennessee  
Texas  
Virginia

#### Area IV

Connecticut  
Delaware  
District of Columbia  
Maine  
Maryland  
Massachusetts  
New Hampshire  
New Jersey  
New York  
Vermont  
Pennsylvania  
Rhode Island  
Virgin Islands

### ASCP

American Society of Clinical Pathologists.

### Batch Processing

A method of submitting candidate applications for NCLEX. Applications are submitted directly to the Board of Nursing, then forwarded to the Data Center on a regular basis with the appropriate funds.

**Blueprint**

The organizing framework for NACEP which includes the percentage of items allocated to various categories.

**Board Member**

An individual who serves on a board of directors (national level) or a board of nursing (state level).

**Board Processing**

A method of submitting candidate applications for NCLEX. Applications are submitted directly to the Board of Nursing, then forwarded to the Data Center on a regular basis without money. The Board is billed for the total number of processed applications at a later date.

**BOD**

Board of Directors of the National Council of State Boards of Nursing.

**Bylaws**

The laws which govern the internal affairs of an organization.

**Case Development Committee**

A committee of twelve (12) clinical experts which has the responsibility of developing cases for the Computerized Clinical Simulation Testing (CST) project.

**CAT**

Computerized Adaptive Testing.

**CGFNS**

The Commission on Graduates of Foreign Nursing Schools.

**CLEAR**

National Clearinghouse on Licensure, Enforcement and Regulation (an organization of regulatory boards and agencies).

**CMP**

See Crisis Management Plan.

**Competency Statements**

Statements of future-oriented nursing competencies synthesized by the Task Force on Examinations for the Future in 1988 and the Subcommittee on PN/VN Competencies in 1989.

**Crisis Management Plan (formerly Disaster Plan)**

A plan developed for NCLEX administration to be implemented in the event of emergency or natural disaster.

**CSP**

Committee for Special Projects (CAT Committee)

**CST**

Computerized Clinical Simulation Testing

**CTB/McGraw-Hill**

The National Council's test service for NCLEX.

**Data Center**

The unit at CTB/McGraw Hill which receives and processes direct NCLEX applications.

**Delegate Assembly**

The policy-making body of the National Council which is comprised of 61 Member Boards. Each Member Board is entitled to two (2) votes.

**Direct Application**

A method of submitting candidate applications for NCLEX. Applications are submitted by candidates, with appropriate fee, directly to the Data Center.

**Disciplinary Data Bank**

A data management system that serves as a conduit and resource for disciplinary actions from Member Boards.

**EC**

Examination Committee

**Experimental Items**

Newly written test questions placed into examinations for the purpose of gathering statistics. Experimental items or "tryouts" are not used in determining the pass/fail result.

**FARB**

Federation of Associations of Regulatory Boards.

**Fiscal Year**

July 1 through June 30 at the National Council.

**FY**

See Fiscal Year.

**ICONS**

The Interagency Conference on Nursing Statistics.

**Issues**

A bimonthly newsletter published and nationally distributed by the National Council.

**Item**

A test question.

**Item Writers**

Individuals who write test questions for NCLEX RN/PN and NACEP examinations.

**KSA**

Knowledge, Skill and Ability Statements.

**MAR**

Model Administrative Rules.

**Member Board**

A jurisdiction has a contract with the National Council.

**MNPA**

Model Nurse Practice Act.

**NACEP**

Nurse Aide Competency Evaluation Program (also a committee of the National Council's Delegate Assembly).

**NAPNES**

The National Association for Practical Nurse Education and Service.

**National Council Operational Plan**

Goals, objectives and strategies of the National Council's long range plan as adopted by the Delegate Assembly. The plan includes activities for current and future years as planned by the Board of Directors and committees.

**NBME**

National Board of Medical Examiners. NBME programmed the National Council's Computerized Adaptive Testing (CAT) software and is currently modifying its computerized clinical simulation testing (CST) software for application to nursing.

**NC**

Abbreviated form of National Council of State Boards of Nursing, Inc.

**NCLEX-RN/PN**

National Council Licensure Examination-Registered Nurse/Practical Nurse. Test dates are designated by month and year. NCLEX-RN is administered in February and July (e.g. 289 and 789). NCLEX-PN is administered in April and October (e.g. 489 and 089).

**NCNET**

National Council's electronic mail network, available to each Member Board and used by subscription.

**NCNIP**

National Commission on Nursing Implementation Project.

**NCSBN**

National Council of State Boards of Nursing, Inc.

**Newsletter**

A biweekly publication produced by the National Council staff and distributed to each Member Board. Items included on a regular basis: committee reports; Board of Directors agendas, major actions and minutes; Disciplinary Data Bank reports; analyses of federal legislation; examination statistics; notice of upcoming events; updates to the National Council Manual; and solicitations for persons to serve in various capacities.

**NFLPN**

National Federation of Licensed Practical Nurses.

**NIS**

Nurse Information System (a committee of the National Council's Board of Directors).

**NLN**

National League for Nursing.

**NP&E**

Nursing Practice and Education (a committee of the National Council's Delegate Assembly).

**OBRA 1987**

Omnibus Budget Reconciliation Act of 1987 (contains requirements for nurse aide training and competency evaluation).

**Panel of Content Experts**

Individuals who review newly written items developed for NCLEX-RN/PN.

**PCE**

See Panel of Content Experts.

**PL 100-203**

A public law which institutes the Nursing Home Reform Act and is part of the Omnibus Budget Reconciliation Act (OBRA) of 1987.

**PL 99-660**

A public law which institutes the Health Care Quality Assurance Act and establishes a national practitioner databank.

**Psych Corp**

The Psychological Corporation. The Psychological Corporation is the test service contracted by the National Council and guided by the Nurse Aide Competency Evaluation Program (NACEP) Committee to begin evaluating nurse aide competency as mandated by federal legislation (OBRA).

**Psychometrics**

The scientific field concerned with all aspects of psychological measurement (or testing), specifically achievement, aptitude, and mastery as measured by testing instruments.

**Reliability**

A test statistic that indicates the expected consistency of a person's test scores across different administrations or test forms. Reliability indicates the extent to which a test score is repeatable over time. That is, it reflects the degree to which a test score reflects the examinee's true standing on the trait being measured. The National Council uses the Kuder-Richardson Formula 20 (KR20) statistic to measure the reliability of NCLEX and NACEP.

**RFP**

Request for Proposals.

**SNLQ**

*State Nursing Legislation Quarterly*. A quarterly journal publication reviewing nursing legislation throughout the country. The journal is published by the National Council and mailed by subscription.

**Standard Setting**

The process used to set the passing standard (or the cut-score) for an examination. The passing standard is the performance level (in terms of number of correct answers) at and above which examinees are classified as passing the examination and below which they are classified as failing. For the National Council, the standard setting sessions are used to determine the minimum level of entry-level nursing knowledge, skills and abilities (as determined by NCLEX) that candidates must demonstrate to pass. The National Council uses a criterion-referenced procedure for standard setting and conducts a standard setting session every time the NCLEX test plan or NACEP blueprint changes.

**TAA**

Test Administration Agency. The organization contracted by Member Boards to administer the NCLEX/NACEP examinations.

**Tape States**

A method of submitting candidate applications for NCLEX. The states develop their own applications, enter the information on to a computer tape, and forward that tape to the Data Center, following the examination.

**Test Plan**

The organizing framework for NCLEX-RN/PN which includes the percentage of items allocated to various categories.

**Test Service**

The organization which provides test services to the National Council, including test scoring and reporting. CTB/McGraw-Hill is the test service for NCLEX, and The Psychological Corporation is the test service for NACEP.

**Validity**

The extent to which inferences made using test scores are appropriate and justified by evidence; an indication that the test is measuring what it purports to measure. The National Council assures the validity of its examinations by basing each test strictly on the appropriate test plan (RN or PN) or blueprint (NACEP). Each test plan or blueprint is developed from a current job analysis of entry-level practitioners.

## **PURPOSE**

The purpose of the Orientation Manual is to provide information about the functions and operations of the National Council. It is hoped that this manual will facilitate the active participation of all Delegate Assembly participants as well as Board and Committee members.

Following a brief discussion of the National Council's history, this manual will describe the organizational structure, functions, policies, and procedures. Committee-specific policies, procedures, and forms may be found in the green and white National Council Manual. Each Member Board has its own copy of the National Council Manual which is periodically updated.

## **HISTORY**

The concept of an organization such as the National Council had its roots as far back as August 1912 when a special conference on state registration laws was held during the American Nurses' Association (ANA) convention. At that time, participants voted to create a committee that would arrange an annual conference for persons involved with state boards of nursing to meet during the ANA convention.

It soon became evident that the committee required a stronger structure to deal with the scope of its concerns. However, for various reasons, the committee decided to remain within the ANA.

Boards of Nursing also worked with the National League for Nursing Education (NLNE) which, in 1932, became the ANA's Department of Education. In 1933, by agreement with the ANA, the NLNE accepted responsibility for advisory services to the State Boards of Nurse Examiners (SBNE) in all education and examination-related matters. Through its Committee on Education, the League set up a subcommittee that would address, over the following decade, state board examination issues and problems.

In 1937, NLNE published *A Curriculum Guide for Schools of Nursing*. Two years later, the NLNE initiated the first testing service through its Committee on Nursing Tests.

Soon after the beginning of World War II, nurse examiners began to face mounting pressures to hasten licensing and to schedule examinations more frequently. In response, participants at a 1942 NLNE conference suggested a "pooling of tests" whereby each state would prepare machine scorable examinations in one or more subjects that could provide a reservoir of test items. They recommended that the Committee on Nursing Tests, in consultation with representative nurse examiners, compile the tests in machine scorable form.

In 1943, the NLNE Board endorsed the action and authorized its Committee on Nursing Tests to operate a pooling of licensing tests for interested states. This effort soon demonstrated the need for a clearinghouse whereby state boards could obtain information needed to produce their test items. Shortly thereafter, a Bureau of State Boards of Nursing began operating out of ANA headquarters.



The Bureau was incorporated into the ANA bylaws and became an official body within that organization in 1945. Two years later, the ANA Board appointed the Committee for the Bureau of State Boards of Nurse Examiners which was comprised of full-time professional employees of state boards.

In 1961, after reviewing the structure and function of the ANA and its relation to state boards of nursing, the Committee recommended that it be replaced by a council. Although council status was achieved, many persons continued to be concerned about potential conflicts of interest and recognized the often heard criticism that professional boards serve the interests of the profession they purport to regulate.

In 1970, following a period of financial crisis for the ANA, a Council member recommended that a free standing federation of state boards be established. After a year of study by the state boards, this proposal was overwhelmingly defeated when the Council adopted a resolution to remain with the ANA. However, an ad hoc committee was appointed later to examine the feasibility of the Council becoming a self-governing incorporated body.

At the Council's 1977 meeting, a Task Force was elected and charged with the responsibility of proposing a specific plan for the formation of a new independent organization. On June 5, 1978, the Delegate Assembly of the ANA's Council of State Boards of Nursing voted 83 to 8 to withdraw from the ANA to form the National Council of State Boards of Nursing.

Today, the National Council consists of 61 Member Boards including those from the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. An organizational chart depicting the relationship between the National Council and the Member Boards is attached (Appendix A).

## **ORGANIZATIONAL MISSION, OBJECTIVES, AND GOALS**

The National Council's mission is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety, and welfare.

The National Council has several objectives, one of which is to develop and establish policy and procedure regarding the use of licensing examinations in nursing. Another is to identify and promote desirable uniformity in standards and expected outcomes in nursing education and practice as they relate to the public interest. The National Council also seeks to assess trends and issues that affect nursing, disseminate data relating to nurse licensure, and promote continued competence in nursing. To achieve these objectives, it plans and promotes educational programs, it provides consultative services for Member Boards and others, and conducts research that addresses education, practice, and policy-related issues.

The National Council's operational plan outlines its short- and long-term goals. Strategies for achieving these goals are developed in accordance with organizational objectives and reflect the National Council's mission. Strategies and activities to implement goals are assessed, developed, and refined

each fiscal year and provide the organization with a flexible plan yet disciplined focus. Annually, the Board of Directors and Committee members participate in reviewing the operational plan to implement the goals and objectives with the directives of the Delegate Assembly guiding that input.

## **ORGANIZATIONAL STRUCTURE AND FUNCTION**

### **Membership:**

Membership in the National Council is extended to those boards of nursing that agree to use, under specified terms and conditions, one or more types of licensing examinations developed by the National Council. At the present time, there are 61 Member Boards including those from the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. Boards of nursing may become Member Boards upon approval of the Delegate Assembly, payment of the required fees, and execution of a contract for using a Council examination.

Member Boards maintain their good standing through remittance of fees and compliance with all contract provisions and bylaws. In return, they receive the privilege of participating in the development and use of the National Council's licensing examination. Member Boards also receive information services, public policy analyses, and research services. Member Boards who fail to adhere to the conditions of membership may have delinquent fees assessed or their membership terminated by the Board of Directors. They may then choose to appeal the Board's decision to the Delegate Assembly.

### **Areas:**

The National Council's membership is presently divided into four geographic areas. The purpose of this division is to facilitate communication, encourage regional dialogue on relevant issues, and provide diversity of board and committee representation. Area Directors are elected by delegates from their respective areas through a majority vote of the Delegate Assembly. In addition, there is a Director-at-Large who is elected by all delegates voting at convention.

### **Delegate Assembly:**

The Delegate Assembly is the major policy-making body of the National Council and is comprised of delegates designated by the Member Boards. Each Member Board has two votes and may name two delegates and alternates.

Delegates elect officers and members of the Committee on Nominations by majority and plurality vote respectively. They also receive and respond to reports from officers and committees and approve the annual audit report. They may revise and amend the bylaws by a two-thirds vote providing the proposed changes have been submitted at least 45 days before the session. In addition, the Delegate Assembly approves most test-related decisions including changes in the examination fee.

The Delegate Assembly meets at the National Council's annual convention. Special sessions can be called under certain circumstances. Regularly scheduled sessions take place in Chicago during the odd years. Even year sessions are held in other cities on a rotation basis among areas.

## **GENERAL DELEGATE ASSEMBLY INFORMATION**

### **Officers:**

Officers of the National Council include the president, vice president, secretary, treasurer, area directors, and director-at-large. Only members or staff of Member Boards may hold office and then may not hold office if other professional obligations result in an actual or perceived conflict of interest.

No person may hold more than one elected office at the same time. The president shall have served at least one year on the Board of Directors prior to being elected to office. An officer shall serve no more than six consecutive years on the Board of Directors in addition to filling an unexpired term.

The president, vice president, secretary, and treasurer shall be elected for a term of two years or until their successors are elected. The president and vice president are elected in even-numbered years. The secretary and treasurer are elected in odd-numbered years.

The directors are elected for a term of two years or until their successors are elected. Directors from odd-numbered areas are elected in odd-numbered years. Directors from even-numbered areas and the director-at-large are elected in even-numbered years.

Officers are elected by ballot during the annual session of the Delegate Assembly. Area directors are elected by delegates from their respective areas.

Election is by a majority vote. When a majority is not established by an initial ballot, re-balloting takes place between the two nominees with the highest number of votes. In case of a tie on the re-balloting, the choice is determined by lot.

Officers assume their duties at the close of the session at which they were elected. A vacancy in the office of president is filled by the vice-president. Other officer vacancies are filled by Board appointees until the term expires.

### **Board of Directors:**

The Board of Directors, the administrative body of the National Council, consists of the nine elected officers. Its primary function is to conduct the business of the National Council between sessions of the Delegate Assembly. The Board authorizes the signing of all contracts including those between the National Council and its Member Boards. It also engages the services of legal counsel, approves and adopts an annual budget, reviews membership status of noncompliant Member Boards, and renders opinions, when needed, about actual or perceived conflicts of interest.

Additional duties include the adoption of personnel policies for all staff, appointment of committees, monitoring of committee progress, approval of studies and research pertinent to the National Council's purpose, and provision for the establishment, supervision, and maintenance of the administrative offices.

The work of the Board is currently organized into three committees: Communications, Convention Planning, and Coordinating. The Communications Committee's chief functions are to prepare an annual public relations plan, select awards candidates, and foster interorganizational relations. The Convention Planning Committee plans, reviews and coordinates the annual Convention of the Delegate Assembly and related educational sessions.

The purposes of the Coordinating Committee are to advise and counsel the President and Executive Director on corporate matters, approve contracts, and serve as a review body for management proposals. It also appoints committee members and reviews personnel policies.

Following the 1989 Delegate Assembly, the Communications Committee will become a standing committee of the Delegate Assembly. Convention planning activities will be assumed by the Communications Committee.

#### **Meetings of the Board of Directors:**

Meeting dates for the year are scheduled by the Board of Directors during its post-convention Board meeting. All Board meetings are held in Chicago with the exception of the pre- and post-convention Board meetings held in the even years.

Board members are asked to submit reports and other materials for the meeting at least three weeks prior to each meeting so that they can be copied and distributed with other meeting materials. The call to meeting, agenda and related materials are mailed to Board members two weeks before the meeting. The agenda is prepared by telephone conference with the President.

Activities and materials generated during the two week interval before the meeting are reported or distributed at the next meeting. This limits the flood of last minute paper to be read and considered during the Board meeting.

The agenda usually has two major sections; one for board discussion and action, the other for Board members' information. Items that merit Board discussion and action are accompanied by a staff memo which describes the item's background and indicates the Board action needed. The meeting proceeds as Board members move to resolve individual items. Motion papers are available during the meeting and are used so that an accurate record will result. Staff take minutes of the meeting and later draft a complete set for the Secretary's approval. A summary of the Board's major decisions is also prepared, reviewed by the Secretary, and mailed to Member Boards for their information prior to the release of minutes.

Resource materials are available to each Board member and may be used during Board meetings.

These materials, which are updated periodically throughout the year, are kept at the National Council offices and include copies of the articles of incorporation and bylaws. Board of Directors' standing rules, contracts, budget, test plan, committee rosters, minutes, and personnel manual.

**Communications with the Board of Directors:**

Communication between Board meetings takes place in several different ways. The Executive Director communicates with the President giving reports of major activities and confers, as needed, with the Treasurer about financial matters. The Executive Director and Treasurer also discuss the budget on a quarterly basis after the Accountant has had the opportunity to compile the necessary financial data.

In most instances, the Executive Director is the person responsible for communicating with National Council consultants about legal, financial, and accounting concerns. This practice was adopted primarily as a way to monitor and control the costs of consultant services.

Conference calls can be scheduled, if so desired by the President. Written materials are generally forwarded to Board members in advance of the call. These materials include staff memos detailing the issue's background as well as Board action required. Staff prepare minutes of the call to assist the Secretary who submits them at the next regularly scheduled Board meeting.

Monthly reports of major activities are mailed to Board members for those months in which materials are not sent in advance of Board meetings. For example, if a Board meeting is scheduled for 21 September 1988, materials will be mailed on 7 September 1988. Activities that took place in August are contained in that mailing and are not detailed in a separate August report.

Board members use the National Council letterhead when communicating as an officer of the National Council.

**Committee on Nominations:**

National Council delegates elect officers as well as the Committee on Nominations. The Committee consists of four persons, one from each area, who may be either Member Board staff or board members. Committee members are elected to one year terms and may not serve more than two consecutive terms. They are elected by ballot with a plurality vote. The chairperson is that person who receives the highest number of votes.

The Committee on Nominations' function is to consider the qualifications of all candidates for office as well as the Committee itself. The Committee then submits the names of at least two persons for each position to be filled. This list is read at Delegate Assembly when additional nominations can be received from the floor.

## COMMITTEES

Most of the National Council's objectives are accomplished through the committee process. Every year, the committees report on their activities and make recommendations to the Delegate Assembly. At the present time, the National Council has five standing committees: Examination, Administration of Examination, Finance, Bylaws, and Nursing Practice and Education. After August 1989, there will be two new standing committees: The Communications Committee and the Long-Range Planning Committee.

Ad hoc committees or task forces, are appointed by either the Delegate Assembly or the Board of Directors and are appointed to address special issues and concerns. Examples include the Nurse Aide Competency Evaluation Committee, the Special Projects Committee, and the National Nursing Licensee Data Base Committee.

Committees are governed by specific policies and procedures which may be found in the National Council Manual. The manual is updated, whenever necessary, through mailings from the National Council to Member Boards. Committee membership is extended to all current members and staff of Member Boards although an effort is made to achieve balanced representation whenever possible. The representation includes area, staff and board members, registered and practical nurses, and consumers. Each spring, the National Council asks Member Boards to submit the names of persons interested in serving on the various committees. The Area Directors review these nominations and make appointments. The Board then ratifies these appointments at its fall meeting. Consultants provide outside expertise to committees as needed, on a one-time or ongoing basis.

Committee members volunteer to serve and are appointed by the Board of Directors after the annual convention. Committee chairs are appointed by the Board during its post-convention meeting. No individual may serve more than six consecutive years on the same committee. Vacancies, including those resulting from a failure to attend two consecutive meetings, may be filled by the Board of Directors upon recommendation by the committee chairperson.

A National Council staff member is assigned to serve each committee. Staff work closely with the committee chairpersons to facilitate committee work and provide support and expertise to committee members but have no formal decision-making role. Agendas for the committee meetings are established by the chairperson. With staff assistance, the chairperson prepares the agenda, the call to meeting, and any other documents that must be reviewed prior to committee meetings. Staff supervise the mailing of these materials which are sent to committee members no less than two weeks before the committee meeting.

At the request of committee members, staff will analyze issues and make recommendations in accordance with committee objectives and assumptions.

Beginning in Fiscal Year 1990, the Communications Committee of the Board of Directors will become a standing committee along with a newly established Long Range Planning Committee.

**Finance Committee:**

The Finance Committee consists of at least three persons. One of the three is the Treasurer who serves as the Committee Chair. The Committee's primary purpose is to supervise National Council finances subject to the Board of Director's approval. It also reviews the entire financial status on a quarterly basis and provides the Board with a proposed annual budget prior to each new fiscal year.

Recent accomplishments of the Finance Committee include the implementation of a program budgeting system and initiation of a policy requiring fiscal impact statements for all proposals and resolutions brought before the Delegate Assembly.

**Examination Committee:**

The Examination Committee consists of at least six persons. One of these persons must represent a separate board for practical/vocational nursing. The Committee Chair must have served on the Committee prior to being appointed chairperson.

The purpose of the Examination Committee is to develop the licensure examinations and evaluate procedures needed to produce the licensure examinations. Toward this end, it recommends test plans to the Delegate Assembly and suggests research important to the development of licensure examinations.

The Examination Committee is responsible for directing all aspects of examination development. Other duties include the selection of appropriate item writers, test service evaluation, and preparation of written information about the examinations for Member Boards and other interested parties. The Committee also evaluates the licensing examinations following their administration through means of item analysis, person-fit analysis, and test and candidate statistics.

One of the National Council's major objectives is to provide psychometrically sound and legally defensible nursing licensure examinations to Member Boards. Establishing examination validity is key to this objective. Users of examinations have certain expectations about what an examination measures and what its results mean; a valid examination is simply one that legitimately fulfills these expectations.

Validating a licensure examination is an evidence-gathering process to determine two things: 1) whether the examination actually measures competencies required for safe and effective job performance, and 2) whether it can distinguish between candidates who do and do not possess those competencies. An analysis of the job for which the license is given is essential to validation. There are several methods for analyzing jobs, including compilation of job descriptions, opinions of experts, and surveys of job incumbents. Regardless of the method used, the outcome of the job analysis is a description of those tasks that are most important for safe and effective practice.

The results of the job analysis can be used to devise a framework describing the job, which can then

be used as a basis for a test plan and for a set of instructions for item writers. The test plan is the blueprint for assembling forms of the test, and usually specifies major content or process dimensions and percentages of questions that will be allotted to each category within the dimension. The instructions for item writers may take the form of a detailed set of knowledge, skill, and abilities (KSA) statements or competency statements which the writers will use as the basis for developing individual test items. By way of the test plan and KSA statements, the examination is closely linked to the important job functions revealed through the job analysis. This fulfills the first validation criterion: a test that measures important job-related competencies.

The second criterion, related to the examination's ability to distinguish between candidates who do and do not possess the important competencies, is most frequently addressed in licensure examinations through a criterion-referenced standard setting process. Such a process involves the selection of a cut score to determine which candidates pass and which fail. Expert judges with first-hand knowledge of what constitutes safe and effective practice for entry-level nurses are selected for this process. They are trained in conceptualizing the minimally competent candidate (performing at the lowest acceptable level), and they go through a structured process of judging success rates on each individual item of the test. Their pooled judgments result in identification of a cut score which distinguishes between candidates who do and do not possess the essential competencies, thus fulfilling the second validation criterion.

Having validation evidence based on job analysis and criterion-referenced standard setting processes is the best legal defense available for licensing examinations. For most of the possible challenges that candidates might bring against an examination, if the test demonstrably measures the possession of important job-related skills, its use in the licensure process is likely to be upheld in a court of law.

#### **Administration of Examination Committee:**

The Administration of Examination Committee consists of at least six persons. Its purpose is to recommend criteria and procedures needed to maintain examination security and evaluate Member Board and Test Service compliance with the established criteria and procedures. It is the Committee's duty to report security-related violations of contracts between the National Council and its Member Boards to the Board of Directors. The Committee recommends dates for the administration of examinations to the Delegate Assembly. The Committee Chairperson is contacted in regard to crisis management plan implementation and investigation of security breaks. The Committee also reviews National Council staff authorizations for handicapped NCLEX candidates and examination reviews.

#### **Nursing Standards and Education Committee:**

The Nursing Standards and Education Committee consists of at least six persons. The Committee's purpose is to prepare guidelines for Member Boards. It periodically reviews the Model Nursing Practice Act, the Model Administrative Rules, standards, and licensure issues. It also prepares written



information about the legal definitions and standards of nursing practice and education which it disseminates to Member Boards and other interested parties.

Recently, the Committee completed revisions of the *Model Nursing Practice Act* and *Model Administrative Rules*. It has issued a statement on the nursing activities of unlicensed personnel and is in the process of developing a comprehensive resource center on the issues and trends that influence the regulatory nursing community.

#### **Bylaws Committee:**

The Bylaws Committee consists of at least three members. Its primary duties are to receive, edit, and correlate proposed amendments to the articles of incorporation, bylaws, and standing rules. Such amendments may be originated in the Bylaws Committee or submitted by Member Boards, the Board of Directors, or Committees. Following the Bylaws Committee's review, the proposed amendments are submitted by the Committee to the Delegate Assembly together with the Committee's recommendation for action.

#### **Long Range Planning Committee:**

The Long Range Planning Committee consists of at least five members. Its purpose is to review the structure of the National Council and its effectiveness in meeting the Council's purpose; review the mission statement, goals, and objectives and propose revisions, if necessary; and prepare information about Council goals, objectives, and strategies for dissemination.

#### **Communications Committee:**

The Communications Committee consists of at least five members. Its purpose is to provide recommendations regarding Council publications; coordinate planning for computer-based information systems; monitor the effectiveness of publications and information systems; plan the annual Convention and administer an awards program; and coordinate conferences as authorized by the Delegate Assembly or the Board of Directors.

### **NATIONAL COUNCIL STAFF**

National Council staff members are hired by the Executive Director to whom they report. Their primary role is to implement the Delegate Assembly's policy directives and provide assistance to the Board of Directors and committees.

The National Council staff is organized into divisions for the purpose of meeting the organizational objectives. The Testing Services Division exists to accomplish the National Council's primary objective which is to develop and establish examination-related policy and procedure. Several staff members are assigned to this division. Other staff members are assigned to the Divisions of Research Services, Communications, Policy Analysis, and Convention/Computer Services to assist the Na-

tional Council to meet its other objectives. Attached is an organizational chart depicting the relationships between the various divisions (Appendix B). A list of staff and their respective responsibilities is also attached (Appendix C).

## **GENERAL DELEGATE ASSEMBLY INFORMATION**

Agendas for each session are prepared by the President in consultation with the Board of Directors and Executive Director and approved by the Board of Directors. At least 45 days before the annual convention, Member Boards are sent copies of the Book of Reports. This document contains annual reports and recommendations from the standing and ad hoc committees, Board of Directors, officers, and Executive Director as well as new business submitted by any member or the Board. It also contains a detailed agenda and operating budget, as well as proposed rules for the conduct of Delegate Assembly business.

Prior to the annual session of the Delegate Assembly, the President appoints the Rules, Registration, Election, and Resolutions Committees as well as the Committee to Approve Minutes. Prior to any special session, the President appoints at least the Rules and Registration Committees. In either case, the President must also appoint a timekeeper, a parliamentarian, and pages.

The purpose of the Rules Committee is to draft, in consultation with the parliamentarian, rules for the conduct of the specific Delegate Assembly. The Registration Committee's function is to accept registration fees and provide delegates and alternates with identification bearing the number of votes to which the individual is entitled. It also presents oral and written reports at the opening session of the Delegate Assembly and immediately preceding the election of officers and Committee on Nominations.

The Elections Committee conducts all elections that are decided by ballot in accordance with the bylaws and standing rules. The Resolutions Committee initiates resolutions if deemed necessary and receives, edits, and evaluates all others in terms of their policy and fiscal impact. At a time designated by the President, it reports its recommendations to the Delegate Assembly.

Minutes of the Delegate Assembly are kept by the Secretary, with the support of National Council staff. These minutes are then reviewed by the Committee to Approve Minutes. Discrepancies are resolved by reviewing the Delegate Assembly transcript and arriving at a consensus.

The duties of the Delegate Assembly are to:

- approve new Council memberships
- elect officers and members of the Committee on Nominations
- receive reports of officers and committees and take action as appropriate
- approve any examination fee to be charged by the Council
- approve the auditor's report

- approve policy and position statements and strategies that give direction to the Council
- approve the substance of all contracts between the Council and Member Boards and the Council and the test service
- establish the criteria for and select the test service to be utilized by the Council unless the Council provides such services itself
- adopt test plans to be used for the development of licensing examinations in nursing
- transact any other business as may come before it

## **GENERAL COMMITTEE INFORMATION**

### **Committee Appointments**

The appointment of representatives of Member Boards to committees of the National Council is a responsibility delegated to the Board of Directors by the bylaws. In order to facilitate this process and to ensure a wide representation of Member Boards, board staff and board members, the following procedure is used.

Each Spring, Member Boards are requested to submit the names and curriculum vitae of individuals who wish to be considered for appointment to a National Council committee. This information, along with information about the number of positions available on each committee, is forwarded to the respective Area Director for recommendations for appointment or reappointment. Concurrently, committee chairpersons are asked to provide input as to whether individuals currently serving on committees should be reappointed.

Immediately following Delegate Assembly, the Board of Directors evaluates the qualifications of existing and potential committee chairpersons and makes the appropriate appointments. In early September, the Area Directors appoint/reappoint individuals to vacant committee positions. The Area Directors' decisions are based on input received from committee chairpersons, as well as information obtained from the individuals' curriculum vitae. At this time, appointments are also made to any additional subcommittees, special committees, and task forces required to accomplish the directives of the Delegate Assembly.

### **Committee Minutes:**

Minutes are taken at every committee meeting including telephone conferences. Minute-taking is an extremely important responsibility because minutes serve as records of what took place at the meeting. Although they can be opposed by oral testimony, they are, in the vast majority of cases, legally binding once they have been adopted and certified. Thus, it is critical that they accurately reflect the committee's process and outcomes.

Committee minutes are taken by committee members whenever possible. If no one volunteers to

take the minutes, the committee chair may appoint someone to serve as secretary. Whoever takes the minutes should remember to:

- record the date, place, and time of the meeting
- include a statement that the meeting was duly called
- indicate the presiding officer, chair, or committee member
- indicate who served as secretary
- record names of persons present and quorum statistics
- record the reading, correction, and adoption of minutes from the previous meeting
- record the adjournment time
- keep them clear and concise
- not include every routine document
- make amendments to the minutes only with the committee's approval
- initial any amendments

Minutes from National Council Board and Committee meetings follow a specific format. With rare exception, they should reflect the topic discussed, the general nature of the discussion, and the comments and/or actions that followed.

On the advice of legal counsel, the minutes of the discussion should not be laden with unnecessary detail or use a "he said/she said" approach. In other words, it is not desirable for the secretary to transcribe verbatim statements. Only in special circumstances is it necessary to identify individual speakers since the minutes should reflect committee discussion as well as committee action.

Whenever possible, the secretary should leave a hand-written copy of the minutes with the staff person assigned to the committee meeting. The staff person will then have the minutes typed and forwarded to the committee members with the next meeting's agenda. This procedure not only relieves the committee member of an additional burden; it also safeguards the minutes from loss. It also provides the Committee Chairperson with information to prepare the next meeting's agenda. In the event that the minutes cannot be left with the staff person, they should be forwarded to National Council offices within two weeks.

#### **Committee Reports:**

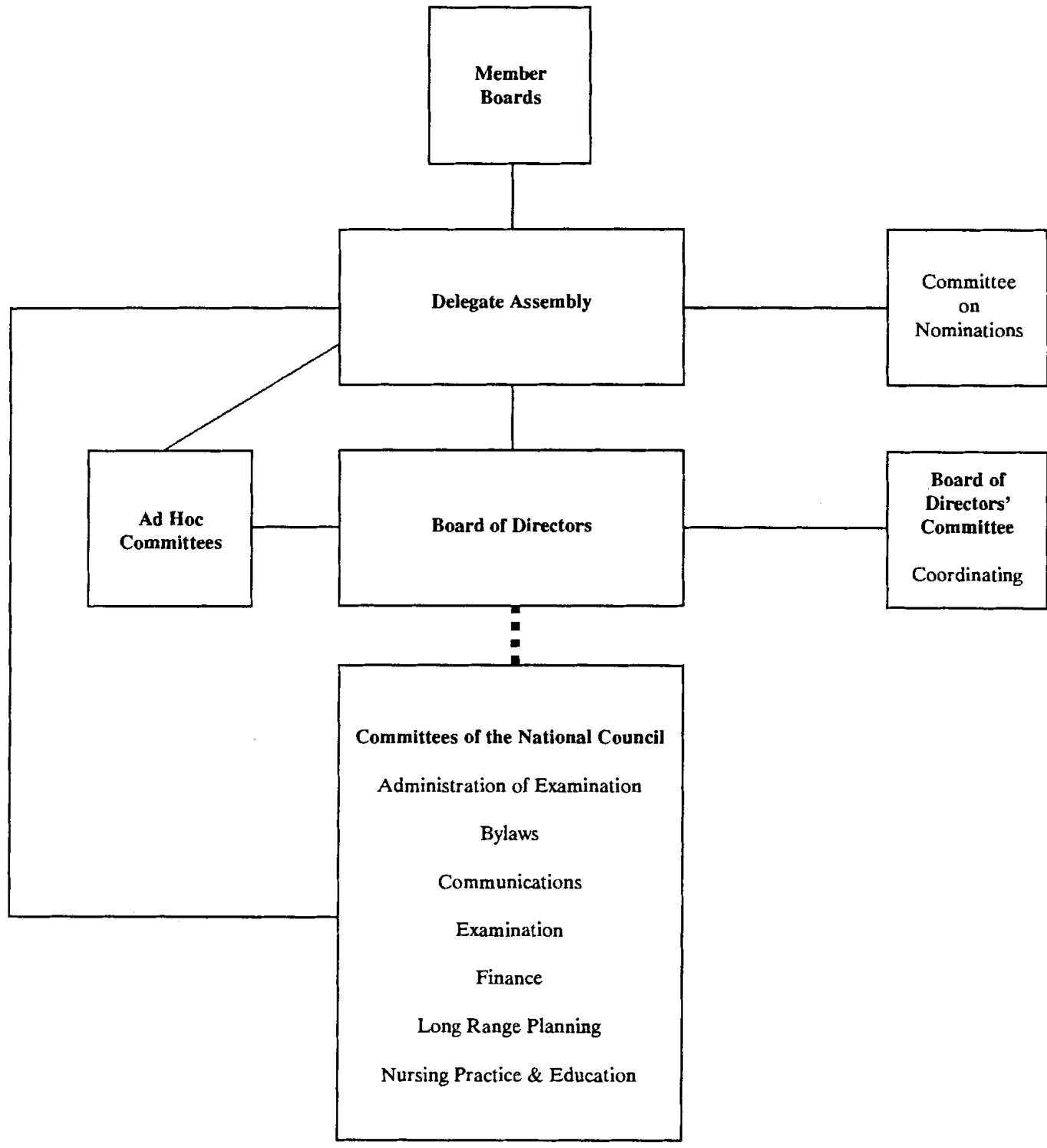
Committee reports are sent to the National Council offices no later than 3 weeks prior to each Board of Directors' meeting. The reports are written by the committee chairperson who is assisted by the committee staff person. Staff process the reports and supervise their mailing.

The first page of the report contains an abstract of the report, followed by the committee's recom-

mentation(s). Subsequent pages document the committee's activities in either narrative or outline format. Background and rationale for the committee's recommendation(s) should be clearly stated. The report concludes with a reiteration of the committee's recommendation(s).

# National Council of State Boards of Nursing, Inc.

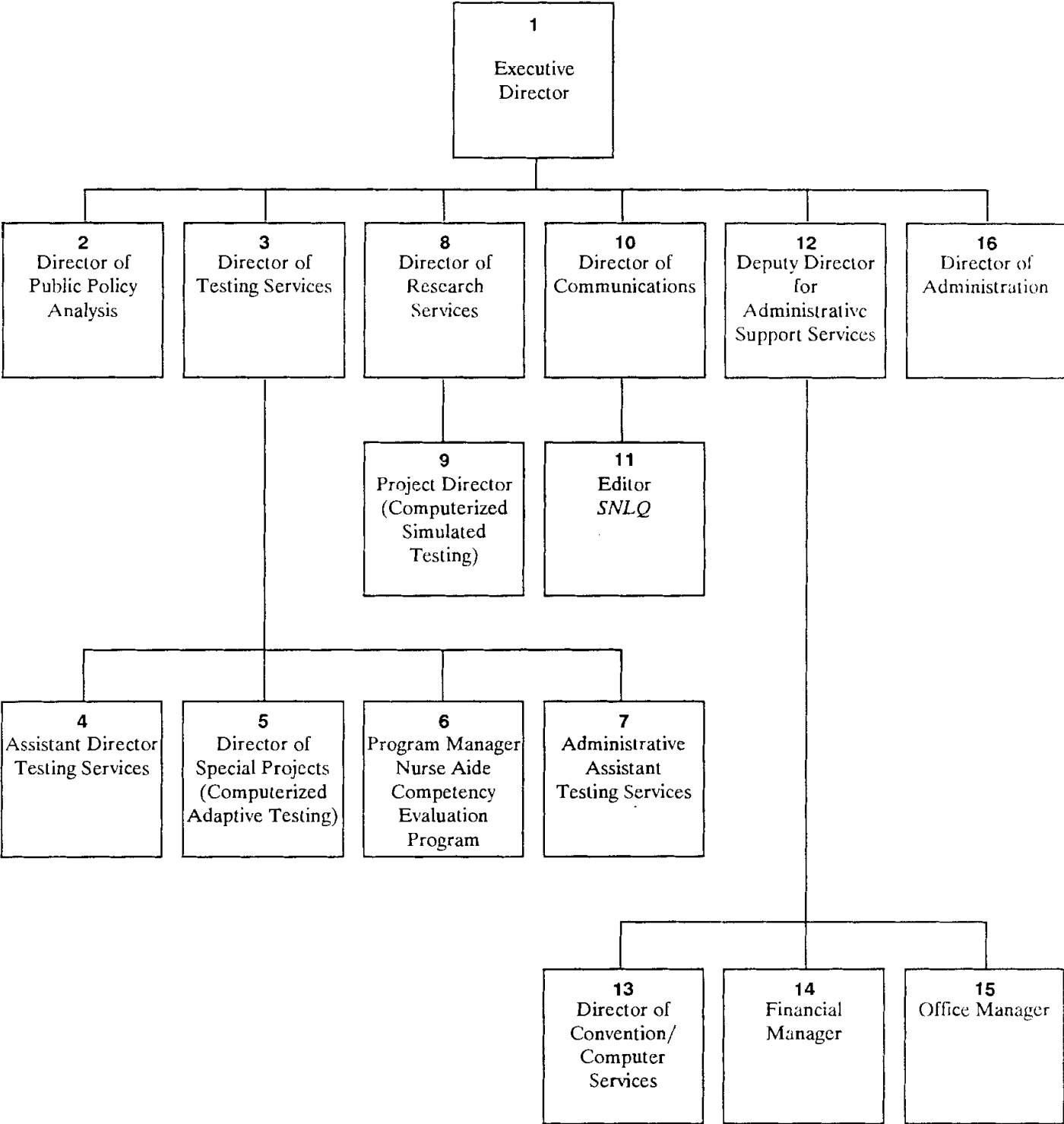
## Organization As of August 5, 1989



# National Council of State Boards of Nursing, Inc.

## Staff Organization

As of July 1, 1989



## **STAFF POSITIONS and RESPONSIBILITIES**

Number corresponds to position on the staff organizational chart

**1. Executive Director, Jennifer Bosma (acting)**

Chief executive officer responsible for directing the operations of the National Council. Major responsibilities include organizational management, management of programs and services, planning, and public relations.

**2. Director of Public Policy Analysis, Marsha Kelly**

Monitors trends and issues in nursing practice and education; serves as a resource to Member Boards regarding the practice of nursing; provides policy analysis of state and federal legislation; monitors disciplinary data.

**3. Director of Testing Services, Jennifer Bosma**

Supervises and performs activities related to test production, test administration, and security; monitors compliance with test services; serves as consultant on testing data and liaison to research staff.

**4. Assistant Director of Testing Services, Nancy Miller**

Performs staff services and provides nursing input related to test development and administration; supervises review of examination items and dissemination of information regarding the examinations.

**5. Director of Special Projects (Computerized Adaptive Testing - CAT), Anthony Zara**

Responsible for all staff activities related to the computerized adaptive testing feasibility study; coordinates activities with external resources and manages communications about the project.

**6. Program Manager, Nurse Aide Competency Evaluation Program - NACEP), Barbara Schroeder-Halsey**

Responsible for administering the nurse aide competency evaluation program; coordinates committee and test service activities; and promotes program through communications and marketing activities.

**7. Administrative Assistant (Testing), Debra Tomsy**

Assists testing staff in the above activities.

**8. Director of Research Services, Carolyn Yocom**

Supervises and conducts research related to education, practice, test development, and administration, including the computerized clinical simulation testing (CST) project and the job analysis studies.



**9. Project Director, Computerized Clinical Simulation Testing - (CST) Project, V. Barbara Hynes**

Responsible for implementing the computerized clinical simulation testing project, a three year project funded by the W.K. Kellogg Foundation.

**10. Director of Communications, Susan Woodward**

Responsible for all publications produced by the National Council; serves as liaison to the media and provides public relations services as needed.

**11. Editor, State Nursing Legislation Quarterly, Victor Crown**

Edits quarterly publication on state legislation related to nursing education and practice.

**12. Deputy Director for Administrative Support Services, William Lauf**

Responsible for all administrative support services. Major activities include data processing, management of support staff and physical plant, capital acquisitions, and payroll administration.

**13. Director of Computer and Convention Services, Burleigh Angle**

Coordinates the annual convention and other meetings; manages electronic mail system and computer operations.

**14. Financial Manager, Kathleen Hayden**

Responsible for annual operating budget, quarterly financial reports, and financial forecast; supervises all activities related to accounts receivable and payable.

**15. Office Manager, Ann Watkins**

Supervises secretarial staff and provides secretarial services to the Executive Director.

**16. Director of Administration, Katharine Kostbade Hughes**

Coordinates administrative aspects of National Council programs; assists the Executive Director in providing specific organizational services related to planning, reporting, and liaison activities.